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USAID Kenya (APHIAplus Nuru ya Bonde) Quarterly Progress Report July - September 2014



Kenya's First Lady Margaret Kenyatta accompanied by the DMS Dr. Muraguri, Baringo County Governor Mr. Benjamin Cheboi and other senior government officials at the APHIAplus project booth during the launch of Baringo County beyond Zero Campaign mobile clinic

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USAID KENYA (APHI*Aplus* Nuru ya Bonde)

FY 2014 Q4 PROGRESS REPORT

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The authors' views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Acronyms and Abbreviations

ADT	-	ARV Dispensing Tool
AMTSL	-	Active Management of Third Stage of Labour
ANC	-	Ante Natal Care
APHIAplus	-	AIDS Population & Health Integrated Assistance Project <i>People Centered, Leadership, Universal access, Sustainability</i>
ART	-	Antiretroviral Therapy
ARV drugs	-	Antiretroviral drugs
ASDSP	-	Agriculture Sector Development Support Program
BEmONC	-	Basic Emergency Obstetrics and Newborn Care
BFHI	-	Baby-Friendly Hospital Initiative
CaCx	-	Carcinoma of the Cervix
CCC	-	Comprehensive Care Centre
CD4	-	Cluster of Differentiation 4
CDC	-	Centre for Disease Control
CHAI	-	Clinton Health Access Initiative
CHMT	-	County Health Management Team
CHV	-	Community Health Volunteer
CHW	-	Community Health Worker
CME	-	Continuous Medical Education
CPwP	-	Community Prevention with Positives
CYP	-	Couple Year of Protection
DBS	-	Dried Blood Spot
DH	-	District Hospital
DHIS	-	District Health Information System
DIC	-	Drop in Centre
DQA	-	Data Quality Audit
EBI	-	Evidenced-Based Intervention
EID	-	Early Infant Diagnosis
EMR	-	Electronic Medical Records
eMTCT	-	elimination of Mother to Child Transmission of HIV
EQA	-	External Quality Assurance
FHI 360	-	Family Health International
FP	-	Family Planning
FSW	-	Female Sex Worker
GOK	-	Government of Kenya
HAART	-	Highly Active Antiretroviral Therapy
HC	-	Health Center
HCP	-	Health Care Provider
HCT/HTC	-	HIV Counseling and Testing
HCW	-	Health Care Worker
HEI	-	HIV Exposed Infant
HES	-	Household Economic Strengthening
HH	-	Household
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMT	-	Health Management Team
HRIO	-	Health Records Information Officer
ICF	-	Intensive Case Finding
IGA	-	Income Generation Activity
IPD	-	In-Patient Department
IPs	-	Local Implementing Partners
I-TECH	-	International Training & Education Centre for Health
IUCD	-	Intrauterine Contraceptive Device
JFFLS	-	Junior Farmer Fields and Life Skills
JWP	-	Joint Work Plan

KEMSA	-	Kenya Medical Supplies Agency
NHRL	-	National HIV Reference Laboratory
KMMP	-	Kenya Mentor Mothers Program
KQMH	-	Kenya Quality Model for Health
LAPM FP	-	Long Acting and Permanent Methods of Family Planning
LSE	-	Life Skills Education
LVCT	-	Liverpool Care and Treatment
M&E	-	Monitoring and Evaluation
MARPs	-	Most at Risk Populations
MDT	-	Mentorship Development Team
MIS	-	Management Information System
MNCH	-	Maternal Newborn and Child Health
MOALF	-	Ministry of Agriculture, Livestock and Fisheries
MOE	-	Ministry of Education
MOH	-	Ministry of Health
MPDR	-	Maternal and Perinatal Death Review
MSM	-	Men who have Sex with Men
MSW	-	Male Sex Worker
MUAC	-	Mid Upper Arm Circumference
NASCOP	-	National AIDS and STI Control Program
NHIF	-	National Hospital Insurance Fund
OI	-	Opportunistic Infection
OJT	-	On-the-Job-Training
OLMIS	-	OVC Longitudinal Management Information System
OPD	-	Outpatient Department
ORT	-	Oral Rehydration Therapy
OVC	-	Orphans and Vulnerable Children
PEP	-	Post-Exposure Prophylaxis
PEPFAR	-	President's Emergency Plan For AIDS Relief
PGH	-	Provincial General Hospital
PITC	-	Provider Initiated Testing & Counseling
PLHIV	-	People Living with HIV
PMT	-	Project Management Team
PMTCT	-	Prevention of Mother-to-Child Transmission
PPMP	-	Project Performance Monitoring Plan
PRC	-	Post Rape Care
PRP	-	Performance Reimbursement Plan
QA/QI	-	Quality Assurance/Quality Improvement
RDQA	-	Routine Data Quality Assessment
RH/FP	-	Reproductive Health/Family Planning
RRI	-	Rapid Results Initiative
RTK	-	Rapid HIV Test Kit
S2S	-	Sister to Sister EBI
SBA	-	Skilled Birth Attendants
SCHMT	-	Sub County Health Management Team
SCHRIO	-	Sub County Health Records and Information Officer
SDH	-	Social Determinants of Health
SGBV	-	Sexual and Gender Based Violence
SILC	-	Savings and Internal Lending Communities
SIMS	-	Site Improvement through Monitoring System
SLMTA	-	Strengthening Laboratory Management Toward Accreditation
SOP	-	Standard Operating Procedure
STI	-	Sexually Transmitted Infection
SW	-	Sex Workers
TB	-	Tuberculosis
TQA	-	Technical Quality Assessment

USAID	-	United States Agency for International Development
USG	-	US Government
VCT	-	Voluntary Counseling and Testing
VL	-	Viral Load
VMMC	-	Voluntary Medical Male Circumcision
WASH	-	Water Sanitation and Hygiene
WHO	-	World Health Organization

I. APHIAplus NURU YA BONDE EXECUTIVE SUMMARY

APHIAplus Nuru ya Bonde is a five-year program whose goal is to improve health outcomes and impacts through sustainable country-led programs and partnerships. Specifically the project aims to increase the use of quality services, products and information; and to address social determinants of health to improve the wellbeing of targeted communities and population in five out of the 14 counties in Rift Valley Province, namely Baringo, Nakuru, Narok, Laikipia and Kajiado. The project is currently in the fourth year of implementation. This report highlights the achievements of the fourth quarter (July – September) 2014.

No-cost extension for Joint Work Plans (JWPs) with MOH: To allow for full implementation of planned activities, the project extended the performance period of all 63 MOH Joint Work Plans (JWP) whose expiry was 30th September 2014. These no-cost extensions allowed supported CHMTs, SCHMTs and hospitals to continue drawing funds from their allocated budgets for activities that were still outstanding by the end of the reporting period. The project will engage with respective CHMT, HMTs and SCHMTs to develop the next JWP in order to support them achieve their annual work plan and targets for 2014/2015 fiscal year that are within the APHIAplus mandate. This collaboration between the project and MOH coupled with joint mentorship and support supervision activities has resulted in improved quality and timely data reporting as well as improved quality of service delivery.

Development of 2015 APHIAplus Nuru ya Bonde Work Plan: The project commenced the process of developing the FY2015 annual work plan covering the period October 2014- September 2015. This process embraced a bottom-up approach starting with LIPs, then county based technical teams followed by a project management team review, deliberation and consolidation of the annual work plan. The process entailed review of past achievements, identification of existing gaps, review of various MOH documents (AWPs, guidelines), and prioritization of key strategies and activities for implementation in year five. This being the last year of project implementation, the planning also focused on sustainability of project gains, transition and project close out of activities. The work plan will be finalized and submitted in the following quarter.

USAID Site Improvement through Monitoring System (SIMS) Visit: USAID PMT conducted an assessment using SIMS at Rift Valley Provincial General Hospital in Nakuru. The assessment focused on quality of HIV service delivery. Feedback was provided to facility management and HIV service providers. The APHIAplus team has continued to work closely with facility staff to implement action plans and recommendations made during the visit. The action plan and status update is included in Annex III.

Sub-agreement amendment: Implementing partner sub agreements were amended during the reporting period to obligate funds for activity implementation until March 2015 with exception of two partners (NOPE and GS Kenya) whose implementation period was amended to December 2014. Partner scopes of work were reviewed to align activity implementation to the new performance period. In total twenty two sub agreements were amended.

County Quarterly Progress Review Meeting: The Project Program Management Team (PMT) and government counterparts continued to provide support to the counties to review project achievements on a quarterly basis. During this quarter, performance review meetings were held in all five counties to review achievements for the period of April - June 2014.

Local Implementing Partners (LIP) Quarterly Progress Review Meeting: The project team held quarterly progress review and feedback meetings with all implementing partners focusing on health communications and OVC service delivery. There was continued emphasis on increasing uptake of

HIV testing and counselling (HTC) for OVC and linkage to care for all testing positive for HIV. Partners were reminded to take advantage of the national birth registration rapid response initiative to have all OVC without birth certificates registered. The APHIAplus technical team continued to provide support to partners to ensure sound implementation and execution of action plans developed during the performance review meetings and support supervision visits.

A. Qualitative Impact

The Launch of Beyond Zero Campaign Launch in Baringo County



Kenya's First Lady Margaret Kenyatta (second right) accompanied by Baringo County Governor Mr. Benjamin Cheboi (right) and other senior government officials at the APHIAplus project booth during the launch of Baringo County beyond Zero Campaign mobile clinic

During the quarter, the project worked closely with the county government and the Ministry of health to coordinate the launch of Beyond Zero Campaign in Baringo and Narok Counties. This is an initiative that is spearheaded by Kenya's First Lady Margaret Kenyatta to create awareness towards the control of HIV/AIDS, and improve maternal new born and child health in Kenya. This launch was presided over by Kenya's First Lady who also donated a mobile clinic to the county to enhance the initiative.

The County governments applauded the contribution of APHIAplus project in improving health care service delivery in the counties, especially on HIV/AIDS and maternal, newborn and child health. The project together with MOH provided ANC, PMTCT, and RH/FP services to community members attending the launch.

B. Quantitative Impact

Below is a summary of progress towards the achievement of the Project Performance Monitoring Plan (PPMP) targets for year four of the project implementation. Details are provided in Section III of the report.

Table I: Project Performance Summary

Output	Indicator	Baseline	Year 2014 Target	2014 Quarterly Achievements				Cumulative Yearly Achievements				(% Achieved vs FY14 Targets)
				Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	2014	2013	2012	2011	
Improved facility reporting rates in PMTC	Improved facility reporting rate in PMTC	85%	95%	85%	92%	91%	91%	91%	88%	84%	96%	91%
Individuals receiving testing and counseling services for HIV and receiving their test results through different types of models at community and facility level	P11.1.D Number of individuals receiving testing and counseling services for HIV and received their test results by age, sex and	800,000	300,000	91,496	114,316	118,982	154,837	479,631	420,566	411,890	577,337	160%

	results at facility level											
HIV positive pregnant women receive ARV to reduce the risk of mother child transmission	P.1.2. D Number of HIV positive pregnant women who received ARV to reduce the risk of mother to child transmission	80%	90%	128%	69%	82%	91%	87%	111%	112	4221	87%
HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites	P1.5.D Number of HIV positive pregnant women newly enrolled into HIV care and support services in USG supported sites	80%	80%	88%	79%	75%	83%	83%	74%	47%	1272	83%
Health facilities providing virological testing services for infant diagnosis for HIV exposed infants through Dried Blood Spots	C4.3.N Percentage of health facilities that provide virological testing services for infant diagnosis for HIV exposed infants through Dried Blood Spots	10%	58%	35%	57%	57%	58%	58%	69%	100%	127	58%
Infants born to HIV infected mothers who are not infected.	P1.7N Proportion of infants born to HIV infected mothers who are not infected	88%	95%	92%	94%	91%	92%	92%	91%	90%	93	65%
HIV positive adults and children receiving a minimum of one clinical care service	C2.1D Number of HIV positive adults and children receiving a minimum of one clinical care service (by age< 15, 15+ and sex)	58,000	47,983	29,488	34,228	37,048	39,494	39,494	31,244	17,466	78,122	82%
Adults with advanced HIV infection receiving ART	T1.4 D Number of adults and children with advanced HIV infection who ever started on ART (by age and sex)	27,283	47,536	29,967	41,482	43,366	45,585	45,585	41,036	34,670	31,957	96%
Adults and children with advanced HIV infection newly enrolled on ART	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART by age(<1,<15,15+), sex and pregnancy status	5,396	5,396	1,270	1,460	1,856	2,193	6,779	4,707	4,536	4,994	126%

Couple Years of Protection	Couple Years of Protection			29,756	37,277	42,346	43,431	152,810	126,303	141,582	111,808	Target NIL
Pregnant women make 1st ANC visits	Number of pregnant women who made 1st ANC visits	127,404	125,000	22,954	30,688	28,722	30,303	112,667	101,907	113,101	107,134	90%
Women attending at least 4 ANC visits	Number of women attending at least 4 ANC visits	41,625	50,750	10,852	10,699	13,025	13,976	48,552	41,350	41,354	36,374	96%
Deliveries by skilled birth attendants	Number of deliveries by skilled birth attendants	54,272	31,250	16,745	17,808	18,705	19,672	72,930	61,092	60,893	62,400	233%
Vitamin A supplementation coverage increased	Percentage of children under 5 years of age who received Vitamin A from USG supported programs	70%	120,000	27,046	47,069	37,429	28,760	140,304	207,739	276,314	313,110	116%
Children under 12 months of age received DPT3	Number of Children under 12 months of age who received DPT3	80,000	120,000	23,263	34,909	53,626	34,301	146,099	114,479	144,500	112,383	121%
Intended groups reached with individual and /or small group level interventions that are based on evidence and /or meet the minimum standards	P8.1 D Number of intended groups reached with individuals and /or small groups level interventions based on /or evidence and /or meet the minimum standards	130,000	50,000	14,141	81,306	4,554	60,603	160,604	147,939	34,626	50,558	321%
MARPS (CSW, MSM, youth, PLHIV) reached with individual and /or small group level interventions that are based on evidence and /or meet the minimum standards	P8.3 D Number of MARPS reached with individual and /or small group level interventions that are based on evidence and /or meet the minimum standards (CSW,MSM)	40,000	60,600	236	5,565	1,377	7,823	15,001	8,692	4,314	16,051	25%
People living with HIV / AIDS reached with a minimum package of PWP interventions	P7.1D Number of people living with HIV/AIDS reached with a minimum package of PWP interventions	5,000	15,000	12,963	8,312	4,193	744	26,212	33,590	9,085	103	175%
Males circumcised as part of minimum package of MC for HIV prevention services	Number of males circumcised as part of minimum package of MC for HIV prevention services	0	4,616	1,941	209	769	1,908	4,827	2,959	15	74	105%

Vulnerable households supported to access economic livelihood and eligible adults and children provided with economic strengthening service	C5.7.D Number of eligible adults and children provided with economic strengthening service	3,761	15,000	8,975	2,030	7,811	11,009	11,009	11,866	2,876	3,266	73%
Vulnerable households provided with basic food package	Number of vulnerable households provided food and nutrition education	TBD	10,000	24,474	25,676	27,958	24,762	24,762	30,822	21,928	6,977	248%
Households with hand washing facilities	Percentage of households with hand washing facilities	0	70%	67%	64%	65%	76%	68%	73%	100777	0	68%
Households with safe water storage facility at point of use	Percentage of households treating water	20%	70%	63%	0%	18%	75%	52%	69%	Survey	0	52%

Note: Reported results for CYP, 1st ANC and skilled birth deliveries for the period April-June '14 have been updated due to late reports.

C. Constraints and Opportunities

There were no significant management or operation challenges, or changes in planned activities during the reporting period. However, massive MOH staff transfers within counties led to capacity gaps in recording and reporting of data since new staff in most cases do not have the required skills. Continuous OJT and mentorship is being provided to bridge this gap.

D. Subsequent Quarter's Work Plan

In the subsequent quarter, the project will continue supporting health facilities, counties and sub counties to improve the delivery of quality HIV/MNCH/RH/FP services and initiate discussions with all stakeholders to lay the ground for transition. The focus of technical assistance will be on: implementation of new treatment guidelines; increasing patient monitoring using viral load; enhancing defaulter tracing; increase coverage of HAART for HIV positive pregnant women; prophylaxis for infants, linkage of HIV positive clients to care ;improvement of quality of Basic Emergency Obstetric and Neonatal Care (BEmONC) services at selected sites offering Maternal Child and Neonatal Health (MNCH) services in Narok and Baringo counties; and strengthening usage of Electronic Medical Records (EMR) as a point of care system. In addition, the project will continue to reach young women aged 15-24 years with HIV prevention interventions using standard Evidenced Based Interventions (EBI) and improving quality of services to OVC. A detailed work plan for the next quarter is presented in Section XIII of this report.

II. KEY ACHIEVEMENTS (Qualitative Impact)

3.0 CONTRIBUTION TO HEALTH SERVICE DELIVERY

RESULT 3: INCREASED USE OF QUALITY HEALTH SERVICES, PRODUCTS, AND INFORMATION

RESULT 3.1: Increase Availability of an Integrated Package of Quality High-Impact Interventions at Community and Health Facility Level

3.1.1 Improved capacity of public sector facilities to provide a reliable and consistent high quality package of high impact interventions at community, dispensary, health centre, and district health levels (levels 1-4)

During the reporting period, the Multi-Disciplinary Teams (MDT) continued with mentorship activities in line with the rapid advice on management of HIV/AIDS. Mentorship and Continuous Medical Education (CMEs) were carried out; with a focus on the new HIV treatment guidelines, use of HAART for prevention of mother-to-child transmission of HIV, Active Management of Third Stage of Labour (AMTSL) and new born care. As a result of these activities, 422 health care workers (HCWs) were mentored, 711 oriented and 503 reached through CMEs, in order to improve their capacity to provide quality health services.

In collaboration with NASCOP and the National TB program, three TB Genexpert analyzers were installed at the Narok County and Referral Hospital (CRH), Oloitokitok Sub-County Hospital (SCH) and Kajiado CRH laboratories and analysis of samples commenced.

In addition, the project continued collaborating with URC-USAID ASSIST in the implementation of the Continuous quality improvement (CQI) activities. A total of 24 project staff were trained as quality improvement (QI) coaches/mentors. Together with the MOH QI coaches, the project provided mentorship to quality improvement team (QITs) and work improvement teams (WITs) in Baringo, Nakuru and Narok Counties. Training for Kajiado and Laikipia counties is scheduled for next quarter. The training will target QI coaches from high volume sites as well as the county/sub-county health management teams. Detailed county achievements are presented below;

Baringo County: The MDT continued to strengthen the capacity of HCWs to provide quality health care services through mentorship, orientations and CMEs. The main focus of mentorship was targeted post-natal care, use of HAART for PMTCT, management of pre-eclampsia/eclampsia and CQI. A total of 141 HCWs from 47 facilities were mentored in various service areas.

In collaboration with FUNZO Kenya, 30 HCWs were trained on comprehensive HIV management. In addition, 28 HCWs were oriented on the use of HAART for management of HIV positive pregnant women.

Kajiado County: The mentorship team supported CMEs in 29 facilities reaching 218 HCWs. The CMEs focused on revised ART guidelines, nutrition assessment, counseling and support (NACS), TB/HIV collaboration, HIV testing/counseling and Prevention with Positives (PwP). In addition, the project collaborated with FUNZO-Kenya to train 30 HCWs on the comprehensive management of HIV. As a follow up to the trainings, clinical mentorship was carried out at Ngong SCH, Ongata Rongai HC, Kitengela SCH, Isinya HC, Kajiado CRH, Kimana HC, Oloitokitok SCH, Entarara HC and Rombo HC. A total of 29 HCWs were mentored on accessing viral load/EID results from NASCOP website, and documentation/reporting of service statistics. In order to alleviate the staff

shortage and improve quality of services, the project deployed six temporary HCWs at Kajiado CRH, Ngong SCH, Oloitokitok SCH Ongata Rongai HC and Kitengela SCH, Rombo HC.

Laikipia County: The project mentorship teams facilitated decentralization of ART services to Melwa dispensary. Following the decentralization, the project provided on-job training (OJT) and mentorship to five HCWs who are providing ART services on rotation. In addition, the project deployed five sessional counselors in four high volume sites (HVS) to scale up PITC and linkage to care. During the quarter, the project deployed three short term hires clinicians at Nanyuki TRH, Rumuruti SDH and Ndindika HC to strengthen delivery of quality HIV services.

Nakuru County: During the reporting period, mentorship focused on data review to identify gaps in quality of care (CQI), implementation of the new ART guidelines, nutrition and IMAM, pharmacovigilance, infection prevention and BEmONC. In addition, the mentorship teams conducted CMEs in 58 facilities reaching 199 HCWs and orientations in 30 facilities reaching 618 HCWs. As a result, eight more sites started viral load testing for the patients on ART bringing the total number of facilities accessing viral load testing to 44. In order to improve patient retention on care/treatment, the project supported defaulter tracing, formation and strengthening of support groups in selected facilities. In addition, family testing, treatment preparation sessions and continuous psychological counseling were instituted in all ART sites. In collaboration with USAID assist, 24 project mentors were trained as QI coaches to add to the county team of QI coaches.

Narok County: During the quarter, the project worked with USAID ASSIST to train 14 County Health Management Team (CHMT) members on CQI to enable them support the rollout of QI in the county. The CHMT jointly with the project QI coaches conducted support supervision to the five quality improvement teams (QITs) and 10 work improvement teams (WITs) formed earlier. During the supervision, onsite coaching was done to ensure standardized approach to quality improvement. The dissemination of the first baseline data for the four functional QITs is scheduled for October 2014.

In collaboration with FUNZO-Kenya, 32 HCWs were trained on BEmONC and 24 HCWs on long-acting and permanent methods of family planning (LAPMs). The project also oriented 65 HCWs on growth monitoring, BEmONC, and biosafety. In addition, 100 HCWs were reached through CMEs and 86 through mentorship. The mentorship focused on service integration, use of HAART for PMTCT, implementation of revised ART guidelines, commodity management and Maternal Neonatal and Child Health (MNCH).

3.1.2 Increased capacity of district health management teams to plan and manage service delivery

The project facilitated Sub-County Health Management Team (SCHMTs) and facility Health Management Teams (HMT) to plan and manage service delivery through mentorship, OJT and supporting supervision activities. During the quarter, the project jointly with MOH executed 63 joint work plans (JWPs) with five CHMT, 24 SCHMTs, and 34 HMTs covering the period up to September 2014. The CHMT and SCHMT joint work plans were aimed at enabling the health managers to coordinate health care service delivery at the county and sub-county levels while the facility specific JWPs provided resources and technical assistance to improve service delivery within the high volume facilities and a few selected low volume facilities. Below are the detailed achievements per county.

Baringo County: During the quarter, the project MDT continued to support the CHMT-1, SCHMTs-6 and facility HMTs to fast track the implementation of the 13 existing joint work plans (JWPs). The project provided resources to the Baringo CHMT including the County Executive Committee member for health to conduct facility support supervision at eight selected facilities.

Three SCHMTs (Koibatek, Marigat and East Pokot) were supported to conduct supportive supervision during which 38 facilities were reached. Besides, the project supported three SCHMTs to conduct facility in-charges meetings to review performance of critical health indicators. The key findings during the support supervision were gaps in documentation and low uptake of gene expert testing for TB and inadequate staffing. Documentation gaps continue to be addressed through mentorship.

In addition, the CHMT was supported to conduct regular data quality assessment (RDQA) in six high volume sites (Kabarnet CRH, Kabartonjo SCH, Marigat SCH, Eldama-Ravine SCH, Emining HC and Chemolingot SCH) in the county. The report and findings will be disseminated in the coming quarter by the CHMT. The project also provided financial resources to the CHMT and all the six SCHMTs to develop their respective 2014/2015 Annual Work Plans (AWP).

Kajiado County: The project has nine joint work plans in this county, one CHMT, three SCHMT and five HMT. During the reporting period, the project provided resources to conduct one CHMT, and SCHMT support supervision to 21 facilities as part of the joint work plan. The main findings in the support supervision were non-functional basic equipment, expired drugs and stock outs for most emergency drugs. In addition, two facility in-charges' feedback meetings were carried out in Kajiado South and Kajiado Central sub-counties where 54 facilities were represented. The meeting emphasized timely submission of high quality data from all the facilities. Following a sensitization on technical quality assessment (TQA), the Kajiado South sub-county HMT conducted TQAs in five ART sites. The key findings in the TQA were; feasible service integration, inadequate documentation and lack of essential equipment. Facility-specific follow-up plans were drawn to address these gaps.

Laikipia County: During the quarter under review, the project facilitated the County and Sub-county HMTs to review performance and implementation of the existing joint work plans. The CHMT, four SCHMTs and five HMT JWPs were funded and activities implemented as per the plans. During the reporting period, the project provided resources to conduct one CHMT, and SCHMT support supervision in 55 facilities. The main findings in the support supervision were inadequate staffing, scarcity of essential drugs (antibiotics) and incomplete documentation using national tools. The project continues to address documentation gaps through mentorship while stock-out of antibiotics will be addressed by the county pharmacist. In addition, the county held one data review meeting where 15 CHMT/SCHMT members attended. Lastly, five facility in-charges' feedback meetings were carried out in the five sub-counties where 58 facilities were represented.

Nakuru County: In the quarter under review, the project continued supporting CHMT, SCHMT and HMT in implementation of the 19 existing JWPs in the county. The project supported the SCHMT to conduct PMTCT data quality audit to verify the status of infant and maternal prophylaxis in 22 facilities to inform the national global report. The main gap identified was a reporting error on maternal prophylaxis that arose from poor understanding of the indicator and recording in the data source. Mentorship was carried out to address this anomaly in all the PMTCT sites. In addition, joint support supervision was facilitated to 34 facilities to address gaps in service delivery, documentation and commodity management. Other management activities included 11 CCC stakeholders meetings, seven data review forums, four Medicine and Therapeutic committees (MTC) meeting and a TB/HIV collaborative forum to support implementation of the Genexpert RRI. As a result, sputum sample transportation network was established alongside CD4 lab network for Naivasha DH and Nakuru PGH. The outcomes of this sample transportation network will be reported next quarter.

Narok County: During the quarter, the project supported the CHMT, SCHMTs and facility HMTs to fast track the implementation of 12 existing JWPs. The project supported Narok North and South

SCHMTs and the CHMT to conduct supportive supervision reaching 56 health facilities. During the supervision, the facilities were provided with timely feedback on areas of improvement. These were mainly scaling up of HIV testing through PITC and enhancing linkage to care for HIV positive patients. In addition, Narok North and South SCHMT conducted facility in charges' meeting. During the meetings, the SCHMT shared feedback on the supervision as well as performance on the key health indicators.

As a follow up to the CQI training, the CHMT held one data review meeting and a county CQI planning workshop. In addition, the project facilitated the MNCH/PMTCT, TB/HIV Care and Treatment, and Monitoring and Evaluation TWG meetings during the quarter. These meetings provided an opportunity to draw follow-up plans to address gaps in eMTCT, defaulter tracking and patient retention.

3.1.3 Strengthened capacity to record, report and use data for decision making at district, facility and community level

Support towards strengthening the capacity of facilities and community to record, report and use data for decision making continued during this period. The priority activities focused on strengthening reporting rates, quality of data and use at facility, sub-county and community level. Strategies included: routine site visits to health facilities; sub county HRIOs and community implementing partner to provide feedback on reports; follow up on missing reporting; mentorship and data verification. A total of 172 health facilities were visited for routine assessments, data quality audits and review meetings. M&E checklists were administered in 105 out of the 172 health facilities visited. Sites visits were informed by results from the monthly gap analysis that identified facilities that needed support as well as from facility data review meetings.

Data use workshops were also conducted by the Associate Director and Nakuru M&E Officers in Narok and Kajiado counties to build the knowledge and skills of health providers and managers to use routine data from DHIS for decision making and program improvement. A total of 60 county health staff participated including; CHRIOs, Director of Health Services, Minister of Health Services, Chief Health Officer; County, Sub-County and Facility Health Management Team Members; M&E Officer and APHIAplus Technical Officers. The project also continued to build the capacity of health providers in using data by distributing performance monitoring charts and mentoring them on selection of indicators and charting of the same.

Seventy six (76) service providers from four counties benefited from IQ-Care refresher training to strengthen the use of EMR. In addition, seventeen APHIAplus project staff were trained during the quarter under review to support the full EMR roll-out especially in using EMR as point of care system. This is a notable achievement in improving adoption of use of the system. During the same period, the project also started supporting sites where the IQCare and OpenMRS has been deployed to enter legacy data using a standard SOP. Health providers in the CCC were oriented on the SOP and data entry requirements. So far, data entry is ongoing in 25 sites and completed in 13 sites.

At the community level, eight M&E TWG meetings were held across the five counties where guidance on updating OVC HIV status and benefits in OLMIS was provided to IPs. Using a standard checklist, 33 supportive supervision visits were conducted to assess data quality and technical elements of the activities. Among the key issues identified were; non-adherence to filing SOP, incomplete updating of OVC benefits, school details, linkage to HIV care services in OLMIS. IPs were provided with further support on cleaning duplicate OVC and aligning OVC to CHV

which resulted in improved consistency between IP and central office for the period under review. Action points were developed to address identified gaps.

During this reporting period, a revised OVC (F1A), OLMIS and a new caregiver (F1B) tool were introduced to the OVC IPs in line with changing PEPFAR reporting requirements. As a result 2,573 CHVs among the 16 IPs were oriented on their use. Besides the OVC system, seven staff were oriented on HC system, 32 on OLMIS and 41 on PWP system.

All the six project M&E officers were also oriented on the new forms, revised OLMIS, PWP, HC1 and DIC systems. However, further in-depth orientation is planned for the coming quarter. Quarterly review meetings were held by all 16 OVC and five HC IPs, data was discussed to inform planning of activities and interventions. M&E TWG for the LIPs served as a platform for data use by LIPs. These resulted in establishment of talking walls in Kajiado to show uptake of service and use of data to deliver targeted interventions such as HTC.

Specific county achievements are detailed below:

Baringo County: Several interventions were implemented to improve reporting in the county. The M&E and clinical team provided targeted mentorship to HCW and logistic assistance extended to HRIOs to collect reports in hard to reach areas. Reminders were also sent to non-reporting facilities and respective DHMTs alerted on non/late reporting facilities for further follow up. These efforts have translated in consistent good reporting rates from project supported sites, with 100% submission of both MOH 711A and MOH 731 over the last two quarters. All 12 supported ART sites in the county continued to post 100% reporting. Similarly, the county posted good PMTCT reporting rate of 97% up from 94% in the previous quarter. APHIAplus supported sites performed better at 100% reporting up from 98% in the previous quarter.

In order to strengthen data quality, a total of 17 sites had monthly data verification conducted against a target of 15. Key gaps identified included incomplete entries in registers, use of non-standard codes, incomplete and inaccurate page summaries and inaccurate aggregation of data from source registers to summary reporting tools. Where erroneous reporting was observed, facility staff were guided to correct and resubmit the reports. A total of 19 health providers were provided with targeted mentorship to address gaps.

Project M&E and clinical staff facilitated two CMEs on data demand and data use for two facilities namely Eldama Ravine DH and Mercy Hospital. It is expected that this will increase demand for data use and further reinforce the use of performance charts, departmental data reviews and in turn inform decision making. Eight high volume sites continued to update Performance Monitoring Charts (PMC) on selected indicators by program area including PMTCT prophylaxis coverage, PITC coverage, linkage of the HIV positive to care and annual retention on ART therapy.

A total of 12 health facilities in the county have the EMR system deployed. Follow up on progress, and direct support in data migration, trouble shooting and material support was provided in all sites. Issues identified included non-adherence to data entry SOP, slow transfer of paper records to EMR, use of EMR for data entry rather than PoC and challenges in trouble shooting on EMR. In order to address these gaps, 18 staff involved in EMR data entry were mentored on the data entry SOP in six facilities (Kabarnet 4, Marigat 4, Kabartonjo 3, Mercy 2, Timboroa 2, Eldama Ravine 3) to ensure complete migration and continued POC entry of prospective data.

Under the community system, a total of 502 CHV were oriented on the revised OVC F1A and new F1B tools. OLMIS was also upgraded for two IPs and orientation provided to two M&E and two program IP staff to ensure correct use. Following this, a total of 643 F1A, 130 F1B, 742 biodata, 221 HHVA, 1670 files and 320 file dividers were distributed to ensure availability and use of

standard tools. The PWP system was also upgraded for the two IP in the region and four IP staff oriented on the same.

The project is promoting establishment of M&E TWG as a structure towards sustainability. One M&E Technical Working Group, with representation of M&E and Technical Officers from both APHIAplus and IPs was established as a joint mechanism for improving community data management and reporting making a total of two (one each for Nandi and Baringo counties). The TWG terms of reference include promoting knowledge and fidelity to OVC data management SOP, review of project performance and promotion of data use for decision making.

Supportive supervision was also conducted to IPs to ensure complete and timely reporting of SDH activities. The project team jointly with IP staff assessed the adherence to data management SOPs and monthly reporting rates. As a starting point, IPs were required to provide a breakdown and an explanation for OVC not served. Also expected from them was the use of Form 1A transmission log. This approach ensures accountability on the part of CHVs and facilitates the formulation of strategies to mitigate the reporting gaps. Reporting rates improved from 82% last quarter to 95% as a result of these efforts. With the reporting rates stabilized, greater focus will be on improving the quality of data and using it for decision making.

Kajiado County: Improving data quality was a priority activity for the county team this quarter. Towards this end, 35 out of a target of 50 health facilities in the five sub-counties were visited by the M&E team during the quarter. During the visits data verification was done using the monthly site visit verification checklist. Minor discrepancies were noted in the reported versus the counted in the source documents. The main gaps identified were incomplete documentation particularly in the care and treatment program, poor understanding of indicator definitions especially known positive and how to report them and inconsistency in counselling and testing data between MOH 731 and 711. In cases where data was discrepant changes were effected in the DHIS by five DHRIO. Following this exercise mentorship was provided to 98 service providers with an emphasis of improving completeness, timeliness and consistency of data between MOH 711A and 731.

In addition to the above activities under the facility system, TQA were also conducted in the five ART sites namely Loitokitok, Kimana, Rombo, Entarara and Namelok. The sites did not have a challenge in timeliness/completeness of reports. A detailed report will be shared next quarter.

A data use workshop was conducted to promote demand for data use in the county. A total of 32 health care workers and managers were trained on data use by the AD M&E and the Nakuru county M&E team. The participants used county routine HIV/AIDS data from DHIS to practice data analysis and interpretation. As a follow up, data use meetings are scheduled in all the four sub counties and district hospital to build on this foundation to strengthen data use. In a bid to further strengthen data use the M&E team attended a data review meeting at Ngong SDH which resulted in a CCC stakeholder meeting being convened. The meeting agreed on the following solutions to key issues identified: timely updating of the ART and Pre-ART registers; timely and accurate updating of the DAR; use of departmental summary and updating of the HTC Performance Monitoring Chart (PMC).

The EMR has been deployed in 13 ART sites which are in various stages of implementation. The project started supporting entry of legacy data in these facilities and three facilities namely Kimana, Kajiado and Loitokitok had completed data entry by the end of the quarter. The plan is to jointly conduct a DQA with Futures Group at these sites to verify the quality of data and ensure summary

reports from the system are accurate. There was also refresher training for 18 health care workers during the reporting period to strengthen the use of the system.

Under the community system, four DQA were conducted among OVC IP where gaps such as duplicate OVC, lapse in updating benefits and HIV status details in OLMIS were noted. IPs were provided with support on cleaning of duplicate OVC and aligning OVC to CHV which resulted in accurate report for the period under review. As part of monitoring data quality and technical soundness of the OVC program, 12 spot checks were conducted to a sample of households. In collaboration with the SDH technical officers and the program officer, two M&E technical working group meetings were convened where feedback from data quality audits were shared. Follow-ups visits were made specifically to check on adherence to filing SOP. Progress in terms of completeness of OVC files and filing system was noted in most IPs except for one which did not have filing cabinets. The efforts resulted in overall improvement of reporting rates across different months in the quarter from 89% in July to 96% in September.

The team also administered site visit checklist to the IPs to assess capacity of field officers and use of the various data management SOPs. Six supportive supervision were conducted in the county where 16 staffs were mentored in 24 mentorship sessions. Eleven IP staff were oriented on OLMIS and PWP systems to improve their understanding of the two systems.

This quarter revised F1A & new F1B reporting tools were introduced to five IPs where 632 CHV were oriented on the tools. All the five IPs had the revised OLMIS Version 2 installed and the M&E staffs trained on how to use the system. All partners in the county are currently operating with the same version of OLMIS. A total of 630 F1A and 56 F1B, 1,100 biodata, 1,100 HHVA, 950 files were distributed to the OVC IPs.

Local implementing partners were encouraged to use data for decision making. Quarterly review meetings were held by all partners where data was discussed to inform planning of activities and interventions. The LIPs have developed talking walls to show uptake of service in various intervention areas undertaken by the project. The M&E TWG will focus on strengthening data use among IPs with and maintaining reporting rates at 95% which is the project standard.

Laikipia County: Fifty eight health facilities were visited during the quarter against a target of 60 during which at least two health care workers were mentored in each facility on standard collection and reporting tools, PMC, importance of generating quality data as well as using data for decision making at facility level. Out of the 58 facilities visited, the M&E data verification checklist was administered in 32 health facilities including the two priority sites on a monthly basis to assess completeness, consistency, accuracy and timeliness of reports.

Overall, data quality and reporting rates have improved across all the sub-counties within Laikipia County. Nyahururu sub-county which had a reporting rate of 60% for PMTCT in DHIS the first quarter and has now increased to 84% currently. This is attributed to continuous mentorship, coaching and close collaboration between the CHMT, SCHMT and health facilities staff.

In order to promote use of data at facility level, PMC were distributed to all the 14 ART sites and the HCWs in these sites mentored on how to use the charts. This has improved demand for data and use in these facilities with healthcare workers at facility level taking up ownership of the process. In addition, the staff now have a positive attitude towards the quality of data and are setting aside time to look at the performance monitoring charts

The EMR has been deployed in 12 out of 18 facilities. Data entry of legacy data is complete in four of these facilities. The process has not begun in eight facilities namely, Lamuria, Nanyuki DH,

Rumuruti, Ngarua and Ndindika due to challenges such as inadequate staffing, training, backup devices, antivirus, computer literacy, staff rotation and space. During the quarter, a refresher training on the EMR was conducted for 24 health care providers to strengthen their ability to use the system. The project will continue to provide support in EMR implementation focusing on ensuring completion of legacy data entry and use of the system as a POC in the subsequent quarters.

During this reporting period, two OVC IPs were supported to ensure that the documentation of activities was correctly done and that there was full adherence to the filing SOP. Sixteen mentorship sessions were conducted on filing SOP and updating of F1As while three TWG meetings were held by IP together with project staff. As a result of the supervision and mentorship to the CBOs, OVC records are being done according to the SOPs. During the quarter, the project management team conducted two supportive supervision visits to the IPs. Key findings during these visits included: incomplete registration of OVC: incomplete master list; non adherence to filing SOP; incomplete updates of OVC school details in OLMIS and staff not trained on PWP. Most of the issues have since been addressed apart from filing in accordance with the SOPs that is still ongoing. With support from the SDM, OLMIS was upgraded to version 2 for both IPs, while PWP, HC1 and DIC systems were installed. Orientations were conducted to 12 IP staff on PWP and one HC staff was oriented on HC1 system. The M&E officer was mentored by SDM on OLMIS, PWP, HC1, DIC systems and various data collection tools.

Following the introduction of revised Form 1A and new Form 1B reporting tools, a total of 422 CHV were mentored on their use. This resulted in improved reporting rates from 88% to 97% in September. A total of 422 F1A, 300 exit, 800 biodata, 800 needs assessment, 1,500 files and 300 file dividers were provided to IPs to ensure availability and use of standard tools. The county OVC reporting rates for the IP for the period under review was 97% compared to last quarter which was 91%. The achievement is attributed to consistent M&E TWG meetings in the county to discuss the areas of improvement.

Monitoring of OVC activities continued during this reporting period. Review of data and performance was done on a monthly basis both at the M&E TWG level and at individual IP M&E working groups. Mentorship on data analysis and presentations was conducted during the joint monthly review meetings with both IPs participating. As a result, the IPs are now able to conduct their own review meetings monthly. Both IPs in the county conducted two DQAs and action points developed to address identified gaps. In addition, spot checks were conducted to targeted households to verify if reported data was reliable, accurate and consistent with what was reported. Two joint supportive supervision by both IPs and the project staff were conducted. The main aim of the supportive supervision was a collaborative approach to supervision that promotes mentorship, joint problem-solving, quality improvement and communication.

Monthly meetings were held with the M&E TWG where data was shared, discussed and decisions made based on available data. A performance review showed a low rate of testing of OVC with unknown HIV status. This led to mobilization of OVC caregivers resulting in 247 and 582 OVC testing for HIV at LIFA and CARITAS respectively.

Nakuru County: During the quarter, monthly data verification was conducted in 34 health facilities against an expected 150 facilities. Findings from the reviews indicate that availability and consistent use of recording tools has been realized whereas completeness of the tools particularly ART tools (PRE-ART and ART registers) still need a lot of attention. In order to address the gaps the M&E team mentored 101 staff from 33 facilities on correct recording and accurate reporting for HTC, PMTCT prophylaxis, cohort analysis, care and treatment in the MOH 711A/731 forms across the nine sub-counties. Specifically, the M&E team together with the RH Technical Officers supported the 15 sites offering KMMP in five sub-counties by clarifying the program reporting requirements

and accurate reporting. As a result of the continuous follow-up, reporting rates have improved from 80% reporting rate in April to 100% in September 2014.

In addition, the M&E team and Clinical technical officers supported intensive data management activities in 21 facilities. The data management activities focused on improving complete and consistent recording of primary source documents and establishing functional filing system for the CCCs. The capacity of facilities to record and report was also strengthened by deployment of nine short term clinical officers who besides improving provision of quality services are also responsible for correct recording and reporting at the sites. As a result of these interventions, there has been significant improvement in availability of patient files due to the filing infrastructure and systems established. Also, there is correct and consistent use of data recording and reporting tools (MOH 257, ICF Cards, MOH 361A/B, MOH 366) at the CCCs due to the availability of staff at the CCCs. The M&E team continued to monitor reporting rates for nine DHIS dataset reports. Overall, there has been marked improvement in reporting rates between the first and the current quarter. The most significant improvement was recorded in MOH 713 at 50%, MOH 733B at 20% and MOH 731-3 [ART] and MOH 731-1 [HTC] at 12% and 11% respectively.

In a bid to promote use of data for decision making, the M&E team participated in a data review meetings with 30 APHIAplus supported private sector providers [GSN]. The meeting focused on addressing challenges the facilities were facing with respect to data recording and reporting. During the meetings the participants were given an orientation on reporting through the MOH 711A and MOH 731 specifically for HTC and PMTCT services, and introduced to data use updates in PMTCT. The participants resolved to engage more in the verification of monthly data before submission to the sub-counties and to be reporting consistently. The team also continued supporting monthly data review meetings in three high volume sites (Bahati DH, Nakuru PGH and Langalanga HC). The meetings focused on reviewing trends on the selected indicators, addressing data quality errors, promoting ownership of data by the departments as well as improving timeliness in reporting. As a result of the continuous meetings, timely reporting from the facilities has significantly improved as well as reducing data quality issues from the sites.

Further, the M&E team continued to support health service providers to use PMC in 20 out of the 40 targeted facilities. Data use handbooks have so far been disseminated in 21 out of 27 targeted sites. Use of the data use handbooks has taken off at Bahati DH, Subukia HC, Kabazi HC and Dondori Health centers. Roll out in the other remaining 36 sites has been earmarked for the next quarter.

As part of improving data quality, nine SCHRIOs from all sub-counties and seven facility HRIOs were supported to review quality of data entered into DHIS. There has been an increase in the consistency in reporting between MOH 731 and hard copies across the sub-counties from 97% last quarter to 98% in this quarter as a result of this activity. In addition, 13 staff from Naivasha DH were trained on conducting Data Quality Assessments focusing on data on hardcopy and DHIS. Training on use of the DHIS and sensitization on the importance of using data from DHIS for decision making was also conducted to 30 staff from Naivasha DH. By the end of the quarter, ten heads of departments were assisted to create DHIS account to facilitate easy access to data in DHIS.

The M&E team also held a joint meeting with CHRIO, SCHRIO and facility HRIOs to review the Nakuru County performance and discuss factors affecting data quality and data use. The meeting adopted the following resolutions to address the challenges identified: adoption of the facility PRP, joint monthly data review meetings with sub-county HMTs, joint quarterly data review meetings

with county HMTs and monthly monitoring of prophylaxis uptake. Implementation of these resolutions will be followed up in the next quarter.

The EMR is deployed in nine sites so far. In order to improve the provision of technical assistance and mentorship to facility staff at nine supported sites 17 project's clinical and M&E staff were trained on use of IQ-Care. All the nine sites have started entry of legacy data and are at different stages. So far 46% of the records across all the sites have been entered. During the quarter under review, training on IQ care use was also conducted for 18 health care workers in five facilities. Training for the additional staff is scheduled in the last week of October 2014.

Under the community reporting system, intensified technical support was also provided to ten IP M&E and program staff to use the revised OLMIS. In addition, two staff were trained on DIC, eight on PWP, six on HC1 and two on LSE systems to enhance accurate recording and reporting. Seven mentorship sessions were also conducted reaching six HC and 11 OVC staff while four TWG meetings were held.

The county OVC reporting rates was 98% compared to 91% last quarter which demonstrates improvement in the reporting rates beyond set target of 95%. This is attributed to continuous technical assistance and the use of OLMIS, tracking systems for data verification, monthly data review meetings and targeted data audits at the IP. The HC reporting also showed an improvement from 37% last quarter to 89% in the current quarter. The significant improvement is attributed to trainings of staff and the roll out of the new HC system.

Six DQA were conducted for the IPs. Some of the identified gaps were non-adherence to filing SOP and missing documents in OVC files. As a result of these, emphasis was laid on importance of updating OVC files and prompt update of tangible benefits offered to the OVC. All the data quality gaps were defined, corrective actions agreed, documented and linked to individual team members to take lead. Follow up will be made in the coming quarter.

Finally, KNOTE on of the IPs, was supported to track linkage of HIV+ OVC to care and treatment as well as transition of OVC above 18 years and not in school. By end of this quarter, the percentage of HIV+ OVC linked to care had improved from 68% last quarter to 94% and 14 % transitioned from project from 10% in last quarter.

Narok County:

The project supports M&E system strengthening in only two out of four sub counties namely Narok North and Narok South. During the reporting period a total of 15 sites were visited for monthly data verification aimed at improving data quality between the source documents and DHIS. The M&E team mentored a total of 64 health care providers in 21 of targeted health facilities. The objective of mentorship was to improve recording in HTC, ART and PMTCT registers. The project continued to monitor monthly facility reporting rates in the two supported sub counties. Whereas the quarterly PMTCT reporting rates for supported counties are high at 95% and 96% for Narok North and South respectively, the overall rates for the county is low at 68%. This is due to inclusion of non PMTCT facilities in DHIS that bloats the denominator. The issue has been discussed with the C/SHRIO with a view to addressing it to reflect accurate reporting rates. The high rates in supported counties is attributed to the joint supportive supervision, gap analysis, data review meetings and mentorship all done to address gaps in recording and reporting.

In Narok North sub-county the project continued supporting health facilities to routinely conduct and use cohort analysis information to improve survival and retention rate for the past one year.

The average survival and retention rate for few selected health facilities is 73% compared to last quarter 77%, the decrease being attributed to ART patient defaulting.

The IQCare EMR is deployed in five facilities so far. In a bid to strengthen the implementation and increase the use of the EMR as a point of care, Futures Group conducted a three day training for 25 health care providers in the county. In addition, 30 health care providers in nine facilities were mentored on use of IQCARE as point of care, use of registers, how to review data before reporting, summary reports preparation, troubleshooting of IQCARE system and registers page summary.

In order to promote data demand and information use, the project introduced 14 PMC charts in ART, HTC and PMTCT departments and mentored service providers on their use. Additionally, the project conducted a data use workshop for 28 health care providers and county health managers with an aim of standardizing the type of analysis that county and district teams can do with their routine data from DHIS2. The workshop participants agreed on actions to strengthen data use at facility, sub-county and county levels. The project will jointly work with the providers to implement the action points and support trainees in downloading data from DHIS, data analysis and interpretation.

Under the community system, 12 IP staff were mentored on OLMIS and two on DIC, systems in order to strengthen the OVC and HIV prevention reporting and documentation. The project also introduced a PWP data management system and trained six staff. The PWP will track positive clients who have been reached with a minimum PWP package. Two field coordinators and two M&E staff were oriented on new tools (OVC F1A and F1B). Thereafter the IPs conducted similar orientation for 519 CHVs. The aim of orientation was to improve monitoring and reporting rates in the quarter. In addition, the project provide IP with several reporting tools including 519 F1A, 80 F1B, 2,560 biodata, 2,560 HHVA, 3,560 files and 300 file dividers to ensure use of standard tools across the project.

The OVC reporting rates for the period under review is 95% compared to 93% last quarter. This achievement is attributed to monthly monitoring of reporting rates by the M&E TWG. The review aid in identify problem areas affecting IPs and agreeing on solutions to address them.

The M&E TWG also conducted three DQA at IP level. Key finding from the DQA are as follows: missing photos, birth certificates, report cards in OVC files and files not fully updated. Results showed that data validity was 92% while data availability was the least at 39%. The M&E TWG will follow up on implementation of action plans.

In a bid to promote data use for decision making, the data entry clerks, M&E and field officers for IPs were mentored on data analysis and manipulation. In addition, the staff were re-oriented on generating beneficiary list from OLMIS to inform targeted service distribution.

3.1.4 Strengthened capacity at Levels 1, 2 and 3 for focused response as dictated by local need and epidemiology

The project finalized the handing over of the 141 community units to county governments in the previous quarter hence there are no achievements for this reporting period.

3.1.5 Improved capacity of the private sector to provide a package of high quality, high impact interventions

The project through the Gold Star Network (GSN) supported 65 sites in two out of five counties to provide quality services in HTC, PMTCT, ART, RH and MNCH to complement the public sector. These sites contributed 3,768 (8.3%) of those ever enrolled on ART and 2,048 (6.6%) of patients currently on ART for the project. In this reporting period, 175 patients were enrolled into care while 132 were started on HAART. During the reporting period, the project provided technical support to the private sector through CME/CPD sessions and onsite mentorship. Job aids and MOH tools were also distributed and joint support supervision visits with MOH managers conducted to promote adherence to the national guidelines in service delivery.

Kajiado County: the project facilitated joint supportive supervision visits with Kajiado North sub-county supervisors to six private health facilities in the area and interacted with 14 providers. During the visits, various job-aids were distributed. The main challenges identified included inconsistent reporting and poor data quality, poor infection prevention practices and high staff turnover which lead to lack of continuity of action plans developed from the last visit to these sites.



Pic 1: Data review meeting in Ngong. Kajiado County

The project facilitated a data review meeting with the sub-county HMT and private providers so as to address some of the challenges identified, reaching 16 private health facilities. The service providers were taken through the indicator definitions in MOH 711A & 731.

Nakuru County: A total of 160 service providers were reached with CMEs on various topics. The main focus of CME was on the revised ART guidelines during which 65 HCWs were reached. Three staff from three facilities were trained on viral load sample collection and packaging to start viral load testing and maintain sample integrity. In addition, 33 multi-specialty service providers were sensitized on management of MDR TB while 20 nurses were sensitized on use of the new partograph and management of obstetric emergencies. In order to promote awareness of the recent Ebola outbreak in West-Africa, 22 HCWs from private facilities in Naivasha and Gilgil Sub-counties were sensitized on Ebola disease, and precautionary measures to take.

The project with sub-county managers supported joint supervisory visits to 15 private facilities reaching 20 HCWs. The main gaps identified were sub-optimal standards of infection prevention, lack of reporting tools, poor documentation, and lack of adequate updated job-aids across service areas. The lack of reporting tools and job-aids were addressed during the visits. Some of the gaps like lack of reporting tools and job aids were addressed on site. Further, the Nakuru central sub county health information office undertook a mapping exercise that resulted in the assigning of MFL codes to the private medical clinics.

In efforts to strengthen recording and reporting through the EMR, the project in collaboration with Futures Group team conducted an assessment at Finlays Hospital in readiness for the installation of the EMR. So far the EMR has been deployed at Oserian health centre, Evans sunrise hospital and

Kitengela medical services where data entry began. Following on the findings from the supervision visits of data quality issues, the project facilitated data review forums in Naivasha and Gilgil sub-counties. The forums focused on indicator definitions, correct documentation and reporting as well as data use for decision making.

In order to improve the monitoring of patients on HIV Care, 125 CD4 and 153 VL samples were shipped for processing to both private and public laboratories. This brings the total of VL samples from private sites to 620 for the year. This will be enhanced in the coming quarter to work towards having all patients being managed getting a monitoring test. The outcome of these tests will be reported in the subsequent quarter. Eight service providers from the network drawn from the county were sensitized on the new HIV testing algorithm.

During the quarter under review, the project continued supporting private facilities to access PEPFAR ARV and OI commodities through Kenya PHARMA. A total of 15 facilities in Nakuru central sub-county were supported to access the commodities. In addition, two facilities from GSN were linked to access other ARVs from Philips pharmaceuticals at subsidized costs. The project is currently working with MOH managers to transition the remaining private facilities to the government supply chain system. This step will address sustainability beyond the project lifespan.

3.1.7 Increased availability of HIV/AIDS treatment services at points of contact for PLHIV with health system (e.g. rural facilities, TB clinics)

HIV Counseling and Testing

The MDTs continued supporting HCWs with mentorship, sensitizations and orientations focusing on PITC in the OPD and IPD, integration of HTC across departments, the new national algorithm, commodity management, quality documentation and online reporting system to avoid shortages across the counties. During the quarter under review, the project supported 479 facilities to provide HTC to 154,837 (59.5% females) individuals. Of those tested 4,645 (64% females) were positive giving a crude prevalence of 3% and of these, 2,806 (69%) were enrolled into care. Children contributed 24,190 (16%) of the individuals tested and 369 (1.5%) of them were positive. Overall positivity rate was highest in IPD (4.5%) while OPD and VCT had a positivity rate of 2.7% and 3.3% respectively. Cumulatively a total of 479,631 individuals (60% females) were tested this year and of these 15,741 (3.3%) were positive. The project therefore achieved 139% of the FY 2014 target of 344,878. This performance is attributed to the deployment of 47 HTC counselors in 44 high volume sites. These sites contributed 102,353 (66%) of all the clients tested during the reporting period. During this reporting period 3,079 (66.3%) out of the 4,645 clients diagnosed with HIV were enrolled into care. Of all those tested in the year, 15,752 have tested positive and of these 11,349 (72%) have been enrolled onto care. The enrollment from VCT was the highest at 84% as illustrated in graph 1 below. The project's strategies to improve linkages include the use of community volunteers at the link desks and provision of regular mentorship and support supervision to HCWs in the care pathway. The lessons learnt from VCT which include use of the newly introduced national linkage register will be introduced to all high volume facilities to strengthen the linkage.

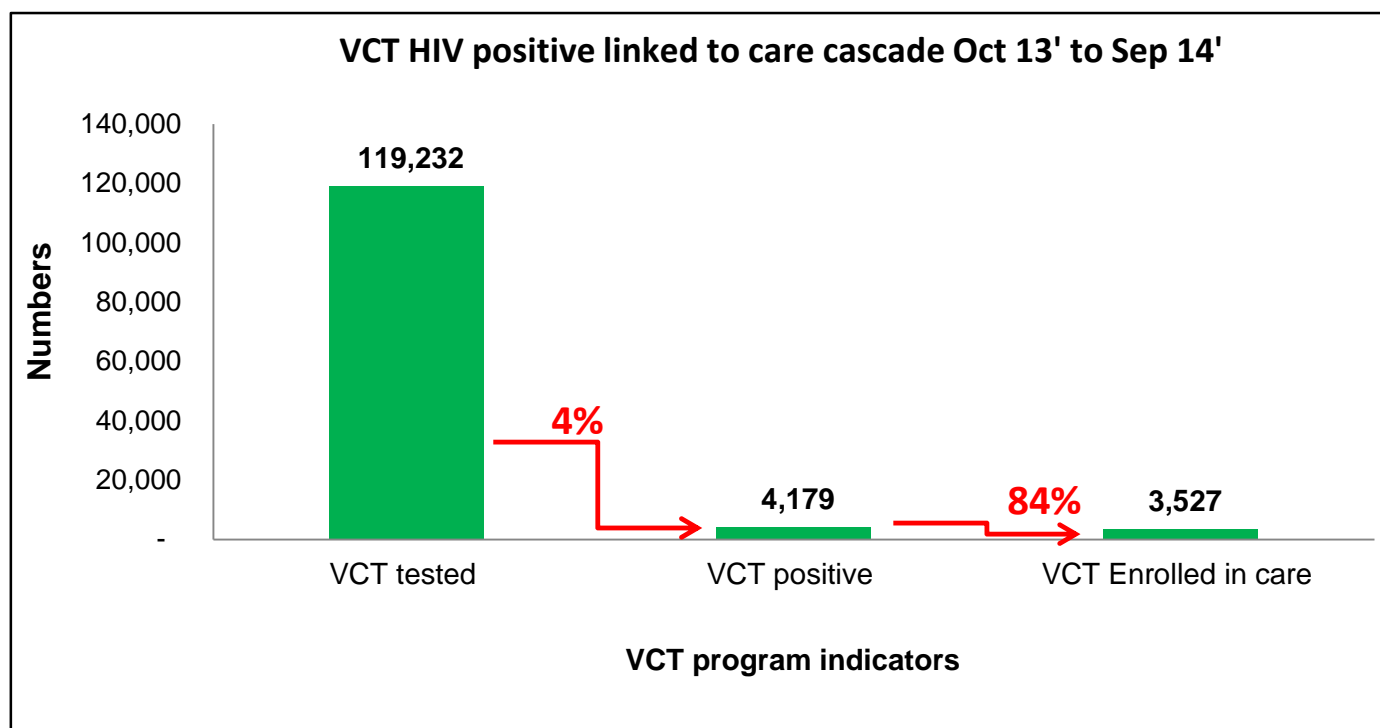


Figure 1: VCT HIV positive linked to care cascade Oct 13' to Sep 14'

Baringo County: During the reporting period, the project continued to support 98 health facilities to provide quality HIV Testing and Counselling (HTC) services. The support included placement of nine sessional counselors in the five high volume facilities in the county (i.e. Kabarnet County Referral Hospital, Marigat and Eldama Ravine sub-county hospitals, and Emining health center) mentorship, support supervision, support for the national HTC Rapid Results Initiative (RRI), and LIPs to test OVCs. The project also provided mentorship to HCWs on effective linkages and referrals to care and treatment for those who test HIV positive. In addition, the MoH was supported to train 44 HCWs from Baringo Central, East Pokot and Marigat sub-counties on the new HTC algorithm to enhance service provision.

As a result, 18,197 individuals (58% females) were counseled and tested during the reporting period compared to the previous quarter where 14,818 were tested. Of those tested 3,131 (17%) were children below 15 years. Cumulatively, 56,734 individual were tested during FY 2014, which is 228% of the county annual target of 24,830. In addition, PITC contributed 16,814 (92%) of the total number of clients tested. A total of 336 clients (59% females) tested HIV positive giving a crude prevalence rate of 1.8%. Out of the 336 clients who tested HIV positive during the quarter, 217 (65%) clients were effectively enrolled into care and treatment. A total of 2,331 OVC were tested out of a target of 2,644 and all the 15 HIV-positive were enrolled to care.

Kajiado County: The project supported the 97 HTC sites in the county through mentorship and support supervision. Targeted HTC outreaches were carried in OVCs households through the LIPs. The project also supported the Kajiado CHMT to conduct training on the new HTC algorithm where 328 HCWs were trained. All the trainees had their names submitted to NHRL for enrolment in HIV-proficiency testing. In addition, the project facilitated counselors' support supervision to all the PITC counselors. Some of the issues identified during the supervision included challenges with pipetting and data inconsistency across the reporting tools (MOH 711A, 731 and 362). These gaps were addressed through mentorship and coaching.

In total, 27,014 clients (60% females) were tested, among them 4,325 (16%) were children below 15 years. Of the 22,689 adults tested, 858 were positive giving a crude HIV prevalence of 3.8% and

of 4,325 children tested 69 (1.6%) were HIV positive. Majority of those tested accessed the service through PITC - 20,649 (76%). Of the 927 individuals diagnosed with HIV, 613 (66%) were linked to care, a slight drop from last quarter where 69% were linked. A total of 569 couples were tested for HIV, representing 7% of the total clients tested. Out of the couples tested, 22 (3.9%) were discordant. All the HIV positive partners were successfully linked to care and treatment. During the reporting period, the nine high volume facilities that are supported with sessional counselors tested 16,463 (61%) of all the individuals tested. All the LIPs supported by the project were facilitated to test OVCs with unknown HIV status. In total, 1,676 (57%) OVC were tested against a target of 2,938 and of these, 12 (1%) tested HIV positive and were immediately linked to care and treatment. Cumulatively, 77,543 individuals have been tested for HIV during FY 2014, resulting in 126% achievement of annual target of 61,440.

Laikipia County: The project supported 58 HTC facilities through joint support supervision and mentorship with the county health management team. Forty five facilities were visited where 84 HCWs were mentored on approaches to improve linkage to care, correct documentation/reporting and development of SOPs. In addition, the project facilitated two counselor support supervision meetings for 11 counselors. The project also supported the ongoing national HTC RRI by providing counselors' stipend and distributing data collection and reporting tools.

In this reporting period, 14,438 (60% female) clients were tested, of whom 2,919 (20%) were children below 15 years. Amongst those tested, 346 (2.4%) were HIV positive, and 235 (68%) were linked to care. PITC contributed 12,236 (85%) of the total tested. Four high volume facilities that are supported with sessional counselors tested 11,056 (77%) of the total individuals tested. A total of 94 couples were tested for HIV, representing 1% of the total clients tested, seven of whom had discordant results with all the positive partners successfully linked to care and treatment. All the LIPs supported by the project were facilitated to test OVC with unknown HIV status. In total, 942 OVCs were tested and none was HIV positive. Cumulatively 37,896 clients were tested in FY 2014, which was 142% of the county annual target of 26,765.

Nakuru County: The project continued to support 187 facilities to provide quality HTC services through mentorship, support supervision and deployment of sessional counselors at 22 high volume sites. The focus of mentorship was enhancing linkage to care, and promoting quality HIV testing and improved reporting.

During the reporting period, 78,758 clients (60% females) were tested, among them 9,615 (12%) were children below 15 years. Among those tested, 2,725 (3.5%) were HIV positive, and 1,726 (63%) were linked to care, a drop from last quarter where 74% were linked. The project continues to address the gaps in linkage through mentorship and use volunteers at the link desk. PITC contributed 57,279 (73%) of the total individuals tested. The counselors at the 22 high volume facilities tested 53,412 (61%) of the total individuals tested. At these sites, 1,788 were HIV-positive and 1,585 (88.6%) were linked to care. All the LIPs supported by the project were facilitated to test OVC with unknown HIV status and 3,215 (80%) were tested against a target of 4,000 and of those testing positive, 186 (5.8%) were linked to care. Cumulatively, 252,376 clients were tested for the year, which is 128% of the county annual target of 197,063.

Narok County: During the reporting period, the project continued to support 39 health facilities to provide quality HTC services in the facilities. The support included placement of four sessional counselors in three high volume facilities, mentorship on complete referrals and linkage to care, counselor support and supervision. Additionally, the project provided support for the national HTC RRI by distributing data collection/reporting tools. In this quarter, the project facilitated the LIPs to test OVC of unknown HIV status in their care.

During the reporting period, 16,430 individuals (59% female) were counseled and tested, among them 4,200 (26%) were children under 15 years. PITC contributed 14,925 (91%) of the total patients tested. Of those tested, 311 (1.9%) were HIV positive and 288 (93%) were linked to care. The three high volume sites supported with counselors contributed 11,140 (68%) of all the clients tested for HIV. At these sites, 146 (1.3%) were found positive and 121 (83%) were linked to care. Cumulatively, 55,082 clients were tested in the year, which is 158% of the county annual target of 34,780.

Prevention of Mother to Child Transmission (PMTCT) and Early Infant Diagnosis (EID)

The project continued to support 420 PMTCT sites and 242 EID sites across the five counties. During the reporting period, 36,750 women attending their first ANC clinic, labour and delivery and postnatal clinic had their HIV status established compared to previous quarter of 28,283, bringing the total reached in the year to 134,750. This is an achievement of 122.6% of the annual target of 109,946. A total of 1,052 women were HIV positive giving a prevalence rate of 2.9% and of these, 439 were known positives while 613 were newly diagnosed, giving a prevalence rate of 1.7 %. Of the 1,052 positive, 956 clients received maternal prophylaxis (91% uptake). In total, 89.3% of the mothers were given nevirapine prophylaxis for their infants. Cumulatively in FY 2014, 3,877 women were identified positive, giving a prevalence rate of 3%. Of those identified positive, 3,363 (87%) got maternal prophylaxis as illustrate in the PMTCT cascade Figure 2 below. This performance is attributed to the fact that some PMTCT sites did not have prophylaxis to give to the mothers and therefore referred them to ART treatment sites. This is more so given the new national guidelines that all HIV positive pregnant women be started on ART.

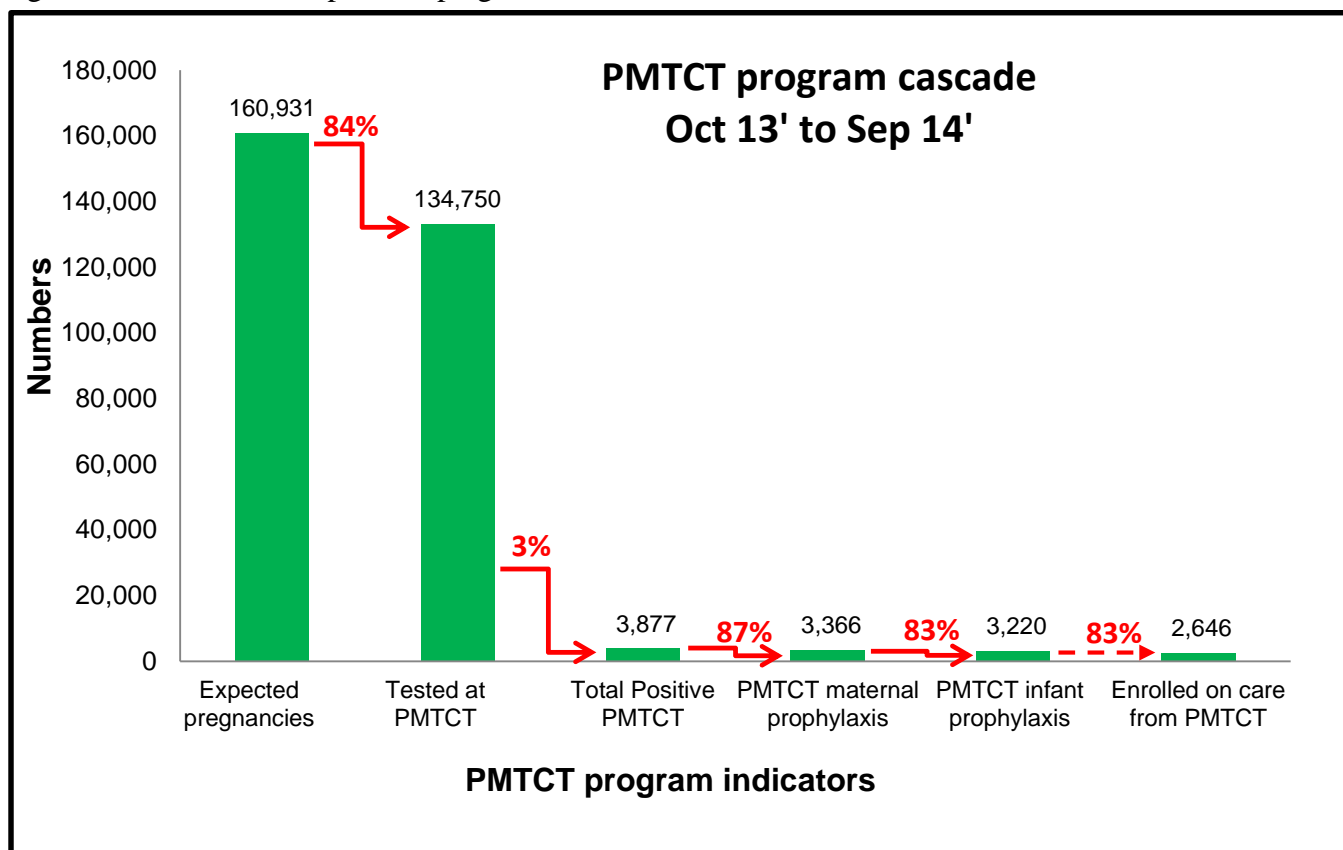


Figure 2: PMTCT program cascade

Non-reporting of referred clients by either by referring or referral facilities, or from the MCH to the CCC, leads to underreporting and partly explains the results. The project is working with the district pharmacists to decentralize ARV to all PMTCT sites and at the same time strengthen reporting in

MCH for those clients initiated on ARVs in the CCC. A small proportion of clients decline the prophylaxis. The mentor mothers are also going to be used to improve the uptake of prophylaxis as well as enrolment into care and treatment from the current status.

The scale up of HAART for all pregnant women as recommended in the Rapid advice from NASCOP continued through mentorship, orientation, sensitization meetings and training by linking with FUNZO. This has seen the proportion of women on HAART increase from 39% in the first quarter to 72% in this quarter while use of option A has decreased from 56% to 25% in the same duration. The project also mentored HCW on correct documentation and reporting of PMTCT indicators, linkages between FP/PMTCT/CCC and other departments, and follow up of the HIV Exposed infants (HEI).

During the reporting period, a total of 755 DBS/EID samples were analyzed and 70 (9%) turned positive. Of these, 461 samples were of children aged between 6-8 weeks; while of 294 samples were for those above eight weeks. The positivity rate was 20 (4.3%) for infants aged between 6-8 week and 50 (17%) for those above eight weeks samples. The overall high positivity rate is contributed by children who are tested after eight weeks who did not received any prophylaxis only got captured in wards or OPD having presented with an illness. By end of FY 2014, a total of 2,823 samples were analyzed of which 229 were positive, translating to a positivity rate of 8.1%. The mentorship team has been following up the HEIs confirmed positive to ensure immediate initiation of ART. The mentorship teams are also closely working with the CHMT/SCHMT to increase the number of EID sites so as to increase the number of HEIs captured and tested. The project clinical team is also working closely with the health communication team to increase the messaging on ANC/PMTCT to ante natal women and all women of child bearing age. This is aimed at, early diagnosis of HIV positive individuals and prompt interventions to reduce the transmission rates and missed opportunities.

Baringo County: The project continued to support PMTCT/EID services in 85 health facilities in the county. Joint mentorship visits by MOH and project staff continued during the quarter, reaching 20 HCWs in 10 facilities. The mentorship focused on documentation in the HEI register/card, HEI follow up, EID algorithm, Baby Friendly Hospital initiative (BFHI), Infant and Young Child Feeding (IYCF), HEI cohort analysis, commodity management, current PMTCT guidelines (Option B Plus), and integration of PMTCT into MNCH model and use of data for decision making. An orientation on the new PMTCT guidelines/Option B+ was supported in Koibatek sub-county and 28 HCWs from facilities in the region were reached. The project also distributed assorted job aids and guidelines to facilities according to the need.

During the quarter, the four mentor mothers deployed to three facilities (Kabarnet, Marigat and Eldama Ravine DHs) were trained in collaboration with M2M, so as to equip them with necessary skills and knowledge to strengthen PMTCT service delivery, psycho-social support to PMTCT mothers, client follow-up, defaulter tracing and effective linkage to care and treatment. The mentor mothers have managed to improve PMTCT mothers' support group activities, intensify integration of PMTCT services, HEI follow up, and enhance linkages/ referrals.

During this period under review, 11,097 pregnant women attended the ANC clinics out of which 3,654 were first visits. A total of 4,633 clients, including known positives, were counseled and tested for HIV through PMTCT. Of the newly tested clients, 44 tested HIV positive (32 in ANC, 11 during labor/delivery, one PNC) while 21 women had known HIV positive status at entry to ANC. Maternal ARV prophylaxis was issued to 62 (95.6%) clients and infant prophylaxis issued to 52 (80%) clients.

The uptake of prophylaxis in PMTCT has increased from 50 % in the first quarter to 96% in this quarter. This is attributed to mentorship and orientation on option B+ by the MDT, which has been fully embraced by the county leadership.

A total of 45 DBS samples were sent to the PCR laboratory hub at WRP-Kericho, with four turning positive; translating into positivity rate of 8%. Three of these infants have been initiated on HAART while the fourth one died. The major challenge with HEI follow up is that HEI cohort analysis and tracing of HEIs once DBS is done has not been fully embraced by most health care providers. The project intends to have a sensitization meeting and provide technical assistance during the next reporting period to bring equip the county and Sub County teams with skills to support the follow up and offer mentorship.

Kajiado County: A total of 83 sites were supported to provide PMTCT services this quarter. A total of 28 health care providers from 21 health facilities were mentored on PMTCT interventions. The mentorship focused on correct recording and reporting of PMTCT indicators, HAART regimes for positive mothers, key areas of capturing the missed opportunities, linkages between FP/PMTCT/CCC and other departments, follow up and identification of the HIV Exposed infants (HEI from various service delivery points). CMEs on new PMTCT guidelines were conducted in three health facilities reaching a total of 93 service providers who included service providers from three other neighboring health facilities.

Targeted mentorship on the use of HAART for pregnant women was done in eight supported PMTCT sites where 10 staffs were reached. Seven of these facilities are already offering HAART for pregnant women (option B+) alongside 13 other facilities which started offering this service from last quarter. A discussion with the county and sub-county teams has been ongoing to ensure a scale up of option B+ to other PMTCT sites.

The project continued supporting three health facilities in implementing the Kenya Mentor Mother Programme (KMMP) i.e., Kajiado CRH, Loitokitok SCH and Ongata Rongai health center, towards elimination of MTCT. A total of three mentor mothers and a team lead were trained on M2M together with mentor mothers from other counties. During this quarter, a total of 60 positive mothers were reached with PMTCT information and 18 support group sessions were held in the three supported sites. A total of three service providers from three high volume sites (Ngong SCH, Ongata Rongai HC and Kajiado CRH) were mentored on follow up of mother-baby pair by a joint project and sub-county team. These facilities are offering comprehensive services to PMTCT mothers and their infants.

During this period under review, a total of 7,131 clients, including known positives, were counseled and tested for HIV through PMTCT and of the newly tested clients, 129 were HIV positive (115 in ANC, 14 during labor/delivery) while 95 women had known HIV positive status at entry to ANC. Maternal ARV prophylaxis was issued to 219 (98%) clients, an improvement from last quarter's 80%, and infant prophylaxis was issued to 197 (88%) clients. The improvement is attributed to the sealing of documentation gaps through mentorship. The challenge in achieving 100% maternal prophylaxis is due to the fact that low volume PMTCT sites have not been stocking ARVs for PMTCT. The project and the CHMT have mentored HCW on ordering and stocking ARVs for at least two mothers at any time. Out of the 129 newly tested HIV positive mothers from ANC and Maternity, 102 (79%) were enrolled to care immediately after diagnosis; up from 55% enrollment for the previous quarter.

Cumulatively, a total of 29,819 mothers were tested, surpassing the 19,773 annual target set for Kajiado County. Of the 767 who tested positive 698 (91%) were provided with prophylaxis.

Following the mentorship and sensitization on adoption of PMTCT option B+ (HAART) that has been ongoing, the proportion of mothers using HAART for PMTCT has progressively increased

from 31% in the first half of the year to the current 72% while use of option A has decreased from 60% to 27% in the same period as shown in the graph 3 below.

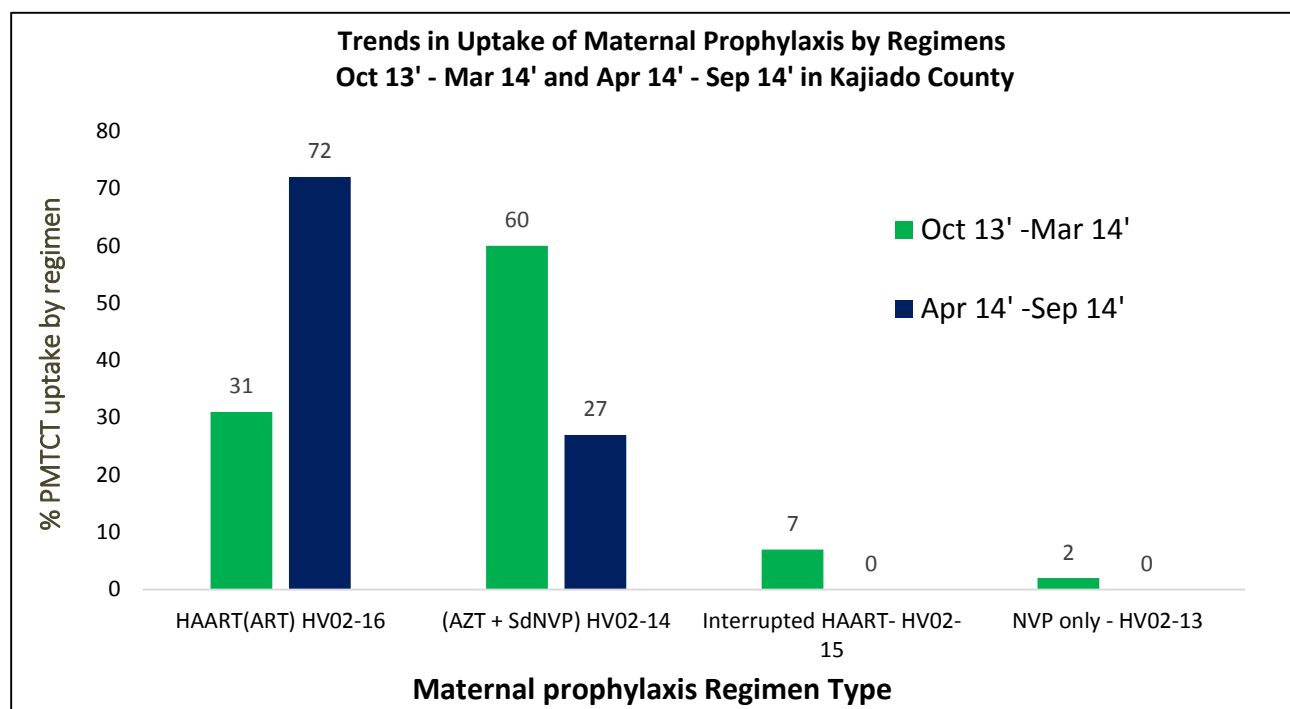


Figure 3: Trends in Uptake of Maternal Prophylaxis by Regimens

There was an increase in the number of DBS samples analysed for EID from 124 last quarter to 183 currently from 16 supported EID sites. This increase is due in part to service providers having been mentored to minimize lost opportunities in testing from CWC, OPD and pediatric wards. Fourteen of these samples turned positive bringing the county's positivity rate to 7.7% from 4.8% last quarter, of whom eight were put on care and treatment, one died while another mother declined treatment and defaulted. The remaining four are still being traced.

Eighteen month cohort analysis for HIV exposed infants from five high volume facilities (Ngong SCH, Loitokitok SCH, Kajiado CRH, Kitengela Sub-County Hospital, and Ongata Rongai HC) was conducted and the outcomes are presented in the graph 4 below;

Eighteen-month HIV-exposed Infant Cohort Outcomes Jan - Sep 2012 Cohort (n=146)

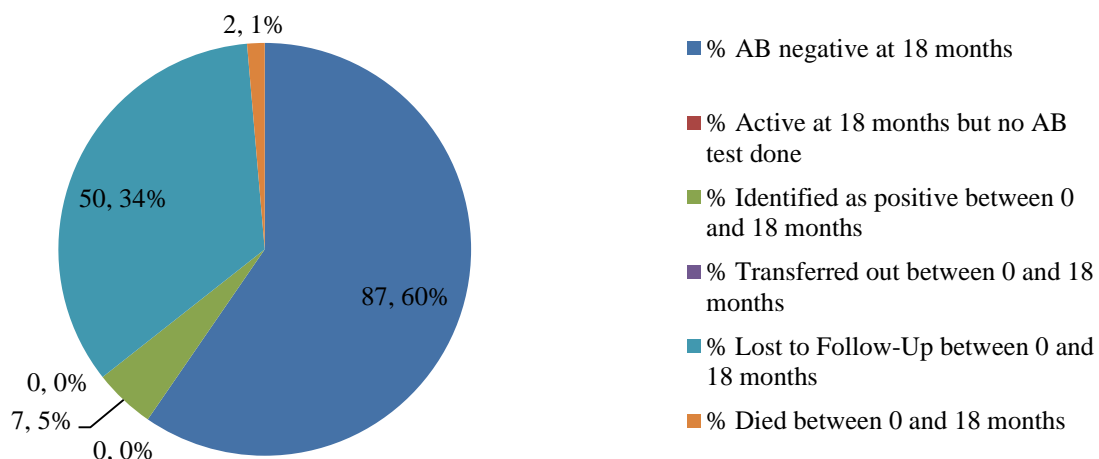


Figure 4: Eighteen-month HIV-exposed Infant Cohort Outcomes

If the cohort analysis is restricted and excludes the infants who were lost to follow up, the transmission rate is 7.3% at 18 months. In order to reach the eMTCT target of below 5% transmission, the project jointly with county mentors will continue to provide mentorship to PMTCT service providers to minimize missed opportunities for providing prophylaxis to HIV positive mothers. These mentors will also work to achieve the above in collaboration with WITs at HVS. In addition, the project will continue to facilitate eMTCT task force meetings to continuously review performance towards this end.

Laikipia County: Joint mentorship and support supervision was done at 21 facilities reaching 46 HCWs. The mentorship focused on the rapid advice on PMTCT (option B +), interpretation of performance charts, documentation and reporting. Assorted job aids/guidelines/SOPs were distributed to nine health facilities and staff oriented on them. Four facilities have integrated PMTCT in MCH namely Nanyuki TRH, Rumuruti SDH, Oljabet HC and Ndindika HC. The project supported the SCHMT to hold three eMTCT task force meetings in Laikipia East, North and the CHMT to review PMTCT performance. The teams agreed to schedule regular quarterly meetings and to facilitate provision of ART drugs and DBS kits to all PMTCT sites with support from the project. The SCHRIO will be analyzing PMTCT data for feedback during future meetings.

During this period under review, 7,359 pregnant women attended the ANC and 2,420 were first visits. A total of 3,292 clients, including known positives, were counseled and tested for HIV through PMTCT. Out of the newly tested clients, 45 tested HIV positive (41 in ANC, four in labor/delivery) while 37 women had known HIV positive status at entry to ANC. Maternal ARV prophylaxis was issued to 66 (82.5%) clients and infant prophylaxis issued to 66 (82.5%) clients. A total 129 (5.3%) partners were tested in ANC compared to 99 (4.4%) last quarter. This was brought about by staff encouraging clients to bring their partners in the subsequent visits, use of partner invitation cards and provision of MNCH services over the weekends at Nanyuki TRH. The testing rate above 100% in ANC is occasioned by reporting re-testers by some facilities and is being addressed through continuous mentorship.

The 17.5 % of positive mothers who were not given prophylaxis was as a result of: lack of ARVs in the referral sites, client refusal to take ARV prophylaxis; late testing occasioned by late initiation of ANC visits; time taken to seek consent from their partners that delays initiation of treatment;

documentation and reporting errors. Mentorship is on-going to support the HCWs understand the PMTCT indicators and correctly record and report using the standard MOH tools. The team alongside the MOH is also working on decentralizing ARVs to PMTCT sites.

A total of eligible 61 DBS samples for EID were analyzed this quarter out of which five turned positive bringing the county's positivity rate to 8.2%. Interrogation of five positive exposed infants was done and it was found that they had not received any PMTCT intervention - three mothers never attended ANC and while two had home deliveries hence they were not given prophylaxis and practiced mixed feeding. Three of them have since been enrolled in Nanyuki CCC while the other 2 are being traced.

Orientation of the three short term staff deployed by the project is ongoing at Nanyuki TRH, Rumuruti, and Ndindika. The enhanced clinical team is working on mechanisms to have HIV positive mothers on follow up in MCH enrolled and recorded in the pre ART and ART registers to scale up PMTCT enrollment. Four PMTCT support groups had monthly meetings in Nanyuki, Ndindika, Oljabet and Rumuruti to strengthen PMTCT services, follow up of HEI and psychosocial support.

Nakuru County: The project supports 158 PMTCT sites in the county out of which 25 facilities have an integrated PMTCT/MCH model. During this period under review, the project team carried out mentorship in 45 health facilities based on the previously identified skills gaps and reached 107 HCWs. In addition, 20 CME/CPD sessions focusing on PMTCT/eMTCT updates were held reaching 289 HCWs. The team also supported dissemination and distribution of assorted job aids and guidelines to 45 facilities, service integration in 15 facilities and provided 20 facilities with airtime to facilitate patient tracking and follow-up. A total of 15 health facilities have support groups for PMTCT mothers; with PGH-Nakuru having three support groups. The project supported 26 CCC stakeholders meetings to strengthen care and treatment and an eMTCT task force meeting.

In this quarter, 40,379 pregnant women attended ANC of whom 14,191 were first visits. A total of 16,312 clients, including known positives, were counseled and tested for HIV through PMTCT. Of the newly tested, 345 tested HIV positive (305 in ANC, 21 during labor/delivery, 19 PNC) while 251 women had known HIV positive status at entry to ANC. Maternal ARV prophylaxis was issued to 520 (87.2%) clients and infant prophylaxis issued to 548 (92%) clients. The low prophylaxis rate was as a result of: lack of ARVs in the referring sites, client refusal to take ARV prophylaxis; late testing occasioned by late initiation of ANC visits; time taken to seek consent from their partners that delays initiation of treatment; documentation and reporting errors. Mentorship is ongoing to support the HCWs understand the PMTCT indicators and correctly record and report using the standard MOH tools. The team alongside the MOH is also working on decentralizing ARVs to PMTCT sites.

A total of 397 DBS samples for EID were analyzed this quarter out of which 41 turned positive bringing the county's positivity rate to 10.3%. The team focused mentorship on identification of HEIs at all service delivery points. This has led to more exposed infants being captured in the ward and OPD and tested and more positives being identified and initiated on treatment.

The mentor mothers employed by the program came in handy in task shifting following comprehensive mentorship. Through the M2M program, 280 mother/baby pairs (HIV positive) were enrolled into mentor mother initiative in the quarter four. In addition, the mentor mothers interacted with 4,735 HIV negative mothers. Finally, the mentor mothers held 92 support group sessions. Out of 151 defaulters, 71 were reached and 47 successfully returned through KMMP.

Narok County: The project continued to support 46 facilities to provide PMTCT services within the county. During the quarter, the project supported a county MNCH/RH/PMTCT TWG meeting

where a plan was developed to address the high rates of mother-to-child transmission rates in the county. The meeting agreed that ART sites will provide HAART for all HIV positive pregnant women regardless of their clinical or immunologic status, while the other sites will continue to provide option A pending the dissemination of the new PMTCT guidelines. The MDT mentored 40 HCWs from 20 facilities on the correct use of PMTCT registers, reporting, correct filing system, HEI cohort analysis, option B plus for management of HIV positive pregnant mothers and defaulter tracing. The project also distributed assorted PMTCT/MNCH job aids to 15 facilities and mentored the HCWs on their use.

During the quarter, 9,699 pregnant women attended ANC clinics out of whom 4,112 (42.3%) were first ANC visits. This was an increase compared to the previous quarter during which 3,731 clients attended their first ANC visit. A total of 5,382 clients, including known positives, were counseled and tested for HIV through PMTCT. Of the newly tested clients, 52 tested HIV positive (47 in ANC and five in labor/delivery) and another 35 women had known HIV positive status at entry to ANC. Maternal ARV prophylaxis was issued to 75 (86.2%) clients and infant prophylaxis issued to 81 (93.1%) clients. Further analysis of the data revealed that two clients from two different facilities declined to receive ARV prophylaxis, three clients were referred for further management, and one who was a known HIV positive (KP) client and was already on treatment but it had not been reported. The rest were noted to have been given the requisite prophylaxis but were not recorded, due to misinterpretation of KPs by the HCWs. It was also noted that six clients who were on option B+ were erroneously reported to have been given single dose nevirapine for prophylaxis. The errors in data recording were rectified appropriately in the respective facility reports. This big knowledge gap was as a result of the massive HCWs reshuffle in the county which occurred in August 2014.

A total of 68 DBS for EID were analyzed from the county during the quarter, and six (8.8%) turned HIV positive. Four (66.7%) out of the six infants who tested HIV were started on ART, one died and the other one is being traced. The HEI cohort analysis for children born by HIV positive mothers in July-September 2013 revealed that 36 HEI were being followed. Three of them (8.3%) turned HIV positive, three (8.3%) were transferred out between 0-9 months. Out of the remaining 30 HEIs, 29 (97%) were active on follow up and one (3%) missed the nine month follow up.

The MDT continued to mentor the four mentor mothers from Narok County Hospital, Olololunga sub-county hospital and Nairegi-Enkare health center. The mentorship focused on Kenya Mentor Mothers Program (KMMP) reporting tools, defaulter tracing, importance of strengthening support groups and HEI cohort analysis. As a result, 26 new HIV positive clients were enrolled and 16 mothers and their babies were traced back and reinitiated on ART.

HIV Care and Treatment

The project supported 113 ART sites with a total of 31,091 (9.2% children) patients currently receiving ARVs an increase from 28,922 reported last quarter. This gives a 103% of the FY 2014 target of 30,085. In this reporting period, 3,079 clients were enrolled into care and 2,193 started on ART. Owing to the implementation of the rapid advice on HIV management, there was progressive increase in the number of patients newly initiated on ART from a baseline of 1,183 in the first quarter to 2,193 in the fourth quarter. The project continued to support HCWs to identify the patients that are eligible and not started on ART with a view of transitioning them to ART. The project continued with mentorship focusing on scaling up of routine virologic monitoring for the patients on ART and referral/linkage for the newly diagnosed patients. As a result, 3,165 viral load samples were analyzed in this quarter of which 2,196 (69%) had achieved viral suppression, 902 (28%) had suspected treatment failure, 36 (1%) had low viremia (<1000) and 31 had invalid results. Cumulatively, a total of 13,196 patients (42% of the total patients on ART) got a viral load test within the year. Out of these patients, 9,039 (69%) had viral suppression. Patients suspected to have

treatment failure are followed up with a repeat/confirmatory viral load test after three months, upon which a decision will be made about changing to second line ARVs. The project experienced stock outs of viral load consumables like the filter papers and linked with CHAI for resupply. The stock out resulted in a 29% drop in the average number of patients accessing viral load test in a quarter (from an average of 4,500 per quarter to 3,165).

Cohort analysis of 1,049 patients started on ART one year ago in 52 facilities shows retention rate of 78.8% at 12 months. Out of the net cohort, 185 (17.6%) patients were lost to follow up, 27 (2.6%) were dead and 10 (1%) had stopped treatment. In addition, the project analyzed the 2011 ART cohort of 1,188 patients from 14 selected facilities in order to determine the patient retention rates at 12, 24 and 36 months. As shown in the graph 5 below the average retention at 12 months, 24 months and 36 months was 74%, 62% and 60% respectively. The 36 months retention rate is consistent to those found in studies by Agu K.A (2012) in Zimbabwe and Sarthak Das et.al (2014) in Papua New Guinea. They found a 36 month retention of 64.4% and 68% respectively.

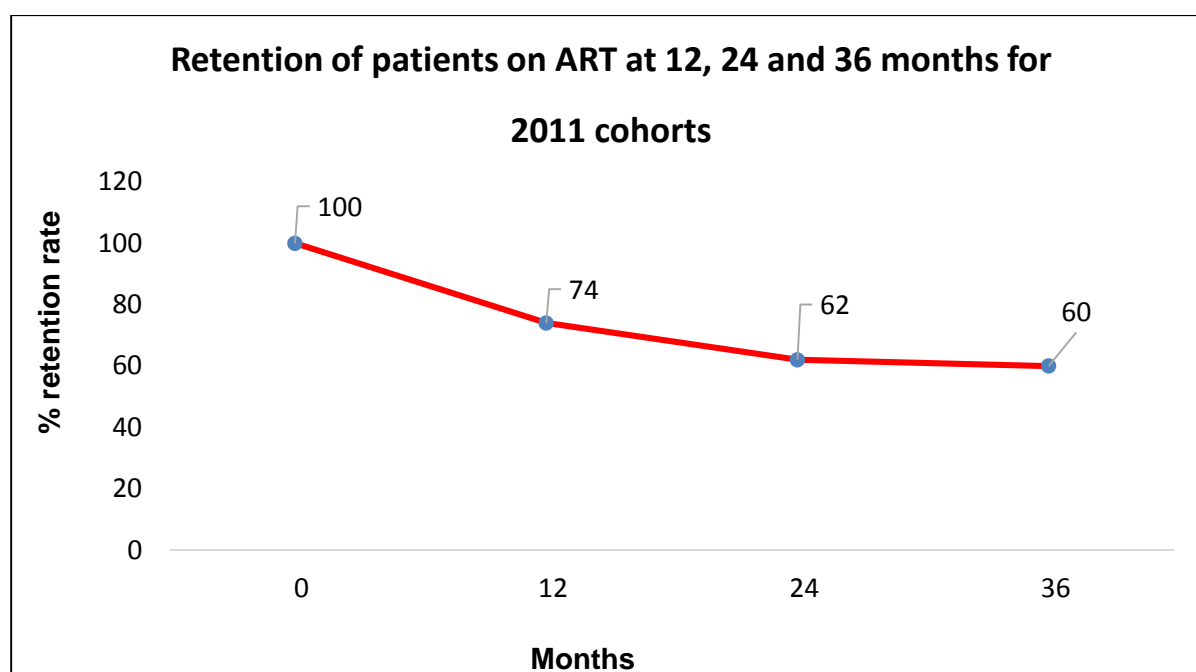


Figure 5: Retention of patients on ART – 2011 Cohorts

The project mentorship teams continue to mentor HCWs on cohort analysis and reporting through MOH 731.

Baringo County: The project continued to provide mentorship, OJTs and joint support supervisions to the 25 ART sites to provide quality HIV care and treatment services. In collaboration with FUNZO Kenya, 30 HCWs were trained on comprehensive HIV management. During the reporting period, 217 clients were enrolled into care compared to 229 in the previous quarter, while 195 clients were started on ART, a similar number to those started in the previous quarter. The performance for the year showed 765 patients were enrolled into care, which is 108% of the county annual target (709) while, 602 patients were started on ART against a county target of 415. This performance is attributable to the dissemination and implementation of the revised ART guidelines. Currently, there are 2,627 patients on care against the annual target of 2,969 patients. In addition, there are 2,343 patients on ART, which is (108%) of the annual target of 2,166 patients. Children below 15 years of age contribute 300 (11.4%) of the total patients on care and 232 (10%) of those on ART.

During the quarter in review 155 viral load samples were analyzed 91 (61%) had viral suppression while 61 (39%) had suspected treatment failure. Cohort analysis of 87 patients started on ART a year ago from 12 ART facilities showed that 71 (82%) of these clients are still on treatment, while 13 (15%) were lost to follow up and three patients (3%) had died. Out of the 73 patients who are still on treatment, 70 (96%) were on the original first line regimen, three (4.1%) had substitutions due to toxicities and intolerance, while none had been switched to second line regimen. The project intensified defaulter tracing during the quarter by establishing four link desks and placing four CHVs to manage the link desks, as well allocating resources to the high volume facilities to conduct physical defaulter tracing in addition to the use of phone. As a result, 90 (51%) of the 178 defaulters were traced and restarted on treatment.

Kajiado County: The project supported 18 ART facilities serving 5,383 patients currently on ART of whom 473 (8%) are children. During the reporting period, the project collaborated with FUNZO-Kenya to train 30 HCWs on comprehensive management of HIV. In addition to the training, three CMEs on new ART guidelines were conducted in Kajiado CRH, Oloitokitok SCH and Isinya HC where 107 HCWs were reached. Three other CMEs on TB/HIV collaboration, Nutrition Assessment Counseling and Support (NACS) and PwP were conducted in Kajiado CRH and Oloitokitok SCH reaching 111 HCWs. The project continued with mentorship in nine of the 18 ART sites where 23 HCWs were mentored on documentation and reporting, defaulter identification and tracking, as well as accessing NASCOP website for viral load and EID results.

In this reporting period, 613 patients were enrolled into care compared 445 enrolled in the previous quarter, while 367 clients were started on ART, compared to 348 patients enrolled in the previous quarter. Cumulatively 1,851 patients were enrolled into care during the year against a county target of 1,779. Similarly, 1,056 patients were started on ART against a county target of 1,026 patients. Currently, there are 6,663 patients on care against the annual target of 7,343 patients. In order to meet the targets, the project continues to mentor health care workers across the supported facilities, on correct documentation and reporting of this indicator. On the other hand, there are 5,383 patients on ART, which is slightly above the annual target of 5,359 patients. Children below 15 years of age contribute 649 (10%) of the total patients on care and 473 (8%) of those on ART.

During this quarter, 850 viral load samples from the 14 ART sites were analyzed and of these, 549 (65%) had viral suppression while 275 (32%) had suspected treatment failure. The other 27 (4%) had detectable viremia but below the threshold for suspecting treatment failure. Cumulatively, 1,877 (35%) of patients on ART had a viral load test during the year. Of these patients, 1,186 (63%) had viral suppression while 646 (34%) had suspected treatment failure. In order to address the gaps, the project facilitated adherence review for 246 patients suspected to have treatment failure in eight facilities. Out of these, 205 patients were deemed to have high viremia due to non-adherence and were maintained on first-line ARV as they undergo further adherence counseling and support. Therefore, only 41 patients had a viral load repeat from which 32 patients were started on second-line ARVs after confirmation of treatment failure. Two of the 34 patients confirmed to have treatment failure were on PI-Based second-line regimen and are being prepared for resistance testing as per the national protocol.

A cohort analysis of 183 patients started on ART one year ago showed that 170 (93%) were alive and on treatment, two (1%) were dead and 10 (5.5%) were lost to follow up and one (0.6%) was discontinued. Among the 170 patients on treatment 168 (99%) were on the original first line regimen, two (1%) had substitutions due to intolerance. A summary of defaulter tracking outcomes from nine facilities showed that out of the 1,057 who had missed their appointment, 743 were contacted out of whom 613 (83%) returned to the facilities, 23 of them had self-transferred, 20 stopped treatment, 13 were dead, and 94 are being traced. A total of 315 could not be reached either on phone or physically.

Laikipia County: The project supports 14 facilities to provide quality HIV care and treatment services. During the reporting period, the mentorship team visited all the 14 facilities sites and mentored 28 HCWs. The main focus of mentorship was on the implementation of the revised ART guidelines, documentation and reporting of service statistics.

A total of 235 patients were enrolled into care as compared to 185 enrolled the previous quarter. On the other hand, 186 patients were started on ARVs bringing the total number started on ARVs this year to 547, which is 122% of the county annual target of 447. Currently 3,696 patients are receiving HIV care services out of whom 2,830 (77%) are on ART. Children below 15 years make up 278 (10%) of the total number of patients on ART. In this reporting period, 143 viral load samples were analyzed and of these, 110 (77%) had viral suppression while 31 (22%) had suspected treatment failure with the remaining two (1%) having a viremia but below the threshold for suspecting treatment failure. Cumulatively, a total of 894 (32%) patients on ART had a viral load test during the year. Of these, 656 (73%) had viral suppression while 222 (25%) had suspected treatment failure.

An analysis of 106 patients who started ART one year ago at seven high volume ART sites indicated that: 94 (88.7%) were still active on first line ART at 12 months, 8 (7.5%) were lost to follow up, 3 (2.8%) had died and 1 (0.9%) had stopped treatment. A summary of defaulter tracking outcomes from three high volume facilities showed that out of the 130 patients who had missed their appointment, 94 were contacted of whom 82 (87%) returned to care while 12 of them had self-transferred.

Nakuru County: The project supported 55 sites which had 18,960 patients on HAART. During the reporting period, the focus of clinical mentorship was on strengthening PITC and linkage to care, implementation of revised ART guidelines, TB/HIV integration and documentation/reporting. A total of 199 HCWs were reached. In addition, 225 HCWs were oriented on CQI approaches, rapid advice on the new ART guidelines, TB/HIV integration, and occupational safety/post-exposure prophylaxis.

This quarter, 1,726 patients (63% of those diagnosed with HIV) were enrolled into care and 1,286 patients were started on ARVs. The total number of patients currently on ART is 18,960 of whom 1,725 (9%) are children below 15 years and 12,802 (68%) are women. A total of 41 ART facilities sent 1,981 viral load samples for analysis out of which, 1,423 (72%) had achieved viral suppression, 521 (26%) had suspected treatment failure and the rest had low detectable viremia. Cumulatively, 8,264 patients (44% of the patients on ART) had a virologic test, 5,808 (70%) of whom had achieved viral suppression and 2,345 (28%) had suspected treatment failure.

A cohort analysis of 600 patients started on ART in 17 facilities a year ago shows a 439 (73%) retention rate at 12 months while 18 (3%) had died, four (1%) had stopped treatment and 139 (13%) were lost to follow up. The project continues to strengthen retention strategies such as patient support groups, family testing, treatment preparation sessions, continuous psychological and adherence counseling strengthening support structures and defaulter tracing.

Narok County: The project continued to provide mentorship, OJTs and joint support supervisions to the 14 ART sites which provided HIV care and support services to 1,950 patients. The focus of the mentorship was to strengthen patient monitoring, linkage to care and transitioning the eligible ones to ART. A total of 64 HCWs were mentored.

During the reporting period, 288 (93%) of the 311 positive patients were enrolled into care raising the total number enrolled in the year to 1,022, which is slightly above the county annual target of

1,007. In addition, 159 patients were started on ART bringing the total started on ART during the year to 590 (102%) of the county annual target of 581. Among the patients on care, 1,077 had a CD4 test and received results. Currently, there are 1,950 patients on care, of whom 268 (13%) are children while 1,575 patients are receiving ARVs, out of whom 163 (10%) are children below 15 years. The project in collaboration with the recently formed quality improvement teams has embarked on a process to identify all the eligible children not on ART as per the new national guidelines. This process will increase the proportion of children on ART to at least 13% of the total patients.

In this period, 37 patients got a viral load test, out of whom 22 (61%) had viral suppression and 14 (99%) had suspected treatment failure. Within the year however, 503 patients had a viral load test with 306 (61%) having achieved viral suppression, 191 (38%) suspected to have treatment failure and six others having low level viremia.

A cohort analysis for patients started on ART one year ago from seven high volume ART sites, showed a 12 month patient ART retention rate of 73.6%, 14 clients (19.5%) were lost to follow up, four (5.5%) stopped treatment and one (1.3%) had died. The project enhanced the defaulter tracing mechanism by placing community volunteers in nine ART sites to do physical tracing of ART treatment defaulters. In addition, the project facilitated the establishment and strengthening of seven support groups linked to ART sites. As a result, 163 clients who had hitherto defaulted treatment were traced backed and re-started on treatment.

Laboratory Support

During the quarter under review, the project supported development and distribution of laboratory SOPs and job aids in all the five counties. Additionally the project supported mentorship of staff on the on-line commodity reporting system and in the laboratory hubs on preparation for accreditation.

Baringo County: The project continued to strengthen laboratory networking systems in the county. Five HCWs from 9 facilities were mentored on commodity management and proper CD4/viral load sample collection and two newly posted laboratory staff were mentored on general laboratory services. The project also distributed nine cooler boxes and DBS bundles to 9 facilities to improve CD4 samples shipment and integrity. In addition, various registers, reporting tools, and stock cards were distributed to nine facilities to enhance documentation. The project conducted a baseline assessment for the ISO 15189 accreditation for Kabarnet CRH laboratory. Results of the baseline guided the project team in determining areas of focus in the WHO Stepwise Laboratory Management Toward Accreditation (SLMTA) process.

During the quarter, 686 patients on care got a CD4-test compared to 1,382 tested in the previous quarter. This drop in CD4 testing is partially attributed to stock-out of reagents, breakdown of the CD4 analyzer at Kabarnet CRH and the shift from routine CD4-testing for patients on ART. In addition, nine facilities sent viral load samples for analysis compared to 5 facilities in the previous quarter. A total of nine facilities sent DBS samples for EID compared to eight facilities in the previous quarter. The project provided internet bundles and technical assistance to the sub-county Medical Laboratory Technologist (SCMLTs) and laboratory in-charges to enhance online reporting for laboratory commodities. As a result, the online reporting rates for the county improved from 93% in the previous quarter to 97% in this reporting period.

Kajiado County: During the quarter under review 12 laboratory staff from nine facilities were mentored on viral load sample collection, infection prevention and routine maintenance of laboratory equipment. All the involved laboratories developed maintenance logs for the available equipment. In addition, 104 HCWs were mentored on the use of F-CDRR reporting tool for HIV

RTKs and Malaria RDTs. This component was given more emphasis during the training which has led to an increase in the number of health facilities using the F-CDRR and submitting alongside other reports.

Following targeted mentorship, the number of facilities sending VL samples increased from five at the beginning of the year to 15. The number of samples sent similarly increased from 71 at the beginning of the year to 776 in the reporting period. A total of 1,782 CD4 samples were analyzed in the county an improvement from 1,283 CD4 samples in the last quarter. The project supported the CHMT to do a root-cause analysis and address the gaps encountered in online reporting of HIV RTKs in the previous quarters which has resulted to reporting rates improving from 12% in June to 68% in July, 96% in August and 100% in September. The project also supported redistribution of 1000 KHB test-kits to six PMTCT sites as well as redistribution of CD4 reagents from Ngong SCH and Kajiado CRH to Loitokitok SCH.

Laikipia County: In collaboration with the National HIV Reference Laboratory (NHRL) the project trained two laboratory staff from Nanyuki TRH on the SLMTA process. In addition, seven HCWs from two facilities were mentored on the new HTC algorithm, EID, viral load sample collection and transportation, commodity management, and writing of SOP. The project continued to provide technical assistance to the Nanyuki TRH laboratory which is enrolled in the SLMTA stepwise accreditation process. In addition, internet bundles and technical assistance were provided to ensure timely online reporting for RTKs and the reporting rates improved from 80% in the previous quarter to the current 86%.

Nakuru County: During the reporting period, the project supported the laboratory technical officer to participate in laboratory mentors' training workshop on ISO 15189:2012. In addition the technical officer attended a post-SLMTA planning meeting organized by CDC-Kenya and Kenya National Accreditation Service (KENAS). He now serves as a regional mentor to support enrolment of three facilities (Nakuru PGH, Oloitokitok SCH and Kabarnet CRH) into SLMTA. In the same period, 20 HCWs from nine facilities were mentored on DBS sample collection and commodity management. As a result, these facilities started sending viral load samples to monitor patients' response to ART. Additionally, the project produced and distributed laboratory job aids to three facilities. Three laboratories (Naivasha DH, Molo DH, and Nakuru PGH) are participating in EQA for hematology, clinical chemistry and CD4 while 61 laboratories are participating in TB microscopy EQA. The project continued to mentor staff at Nakuru PGH and Naivasha DH laboratories which are in the accreditation process of SLMTA.

The project supported in shipment of 4,508 CD4 samples from 51 facilities to the four CD4 testing hubs. The number of CD4 samples analyzed was an improvement from last quarter when 2,932 CD4 samples were analyzed. There was less interruption of supply of reagents this quarter compared to the previous quarters. In addition, the project provided internet bundles and mentored sub-county lab coordinators resulting in an improvement of online commodity reporting from 96% in the previous quarter to 99% currently.

Narok County: During the quarter under review, the project provided technical assistance to 11 laboratory technologists to address the challenges facing uptake of viral load testing in the county. The staff were mentored on DBS sample collection for viral load and online reporting of CD4 commodities and routine maintenance of lab equipment. In addition, the lab staff at Narok DH were mentored on conducting internal lab audits in preparation for accreditation.

A total of 68 EID samples analyzed from 14 facilities. In addition, 1,077 CD4 samples and 37 viral load samples were analyzed from 14 facilities. The sub-county lab coordinators were provided with internet bundles and technical support to ensure timely online reporting of RTK and CD4

commodities. In collaboration with the County Laboratory Coordinator, the project mentored the Trans-Mara sub-county team resulting in an increase in reporting rates from 33% in June to 95% in September. During the period under review, there was no shortage of HIV test kits or CD4 reagents.

Pharmacy Support

During the quarter under review, the project provided technical assistance to the county and sub-county pharmacists to ensure timely online reporting for malaria and RH commodities. Additionally, the project supported them to redistribute essential medicines, family planning (FP) commodities and ARVs to buffer delayed supplies from KEMSA as experienced in Narok and Kajiado counties. As a result, none of the 114 ART sites experienced stock out of ARV drugs. The project also supported distribution of pharmacy tools and job aids to all the ART facilities. In collaboration with Kenya PHARMA and the county pharmacists, the project facilitated discussions to phase out use of stavudine. This phase out is ongoing across all the counties.

Baringo County: The project continued to support timely reporting and requisition of ART commodities by all the 12 ART sites. The support focused on strengthening online reporting, and requisition of commodities and distribution and supply of national ART guidelines, job aids and reporting tools to nine facilities. Seven pharmacy staff from Kabarnet CRH, Kabartonjo SCH and Marigat SCH were oriented on electronic supply chain management (e-SCM). Consequently, online commodity reporting improved from 46% to 76% in September.

To enhance commodity consumption and patient information documentation in the CCCs, the project supplied two computers and installed ARV dispensing tools (ADT) at Eldama Ravine and Marigat sub-county hospitals. During the reporting period, ARV reporting rate stood at 100% hence there was no stock-out experienced. The project also mentored the CHMT and SCHMT on FP commodity management and reporting in DHIS and as a result the FP commodity reporting rate rose from 45% in July 2014 to 75% in September 2014.

Kajiado County: The project provided technical support and mentorship on commodity management to 32 staff at the three sub-counties. In addition, five HCWs from Fatima Maternity and Nursing Home were reached through a CME on the revised ARVs guidelines. Two CMEs on pharmacovigilance were supported in Kajiado CRH and Oloitokitok SCH where 79 service providers were reached. The Kajiado North Sub-county HMT was supported to conduct a targeted commodity management mentorship in seven facilities. Alongside the support supervision, HIV RTKs and essential medicines were redistributed to avoid expiry in the source sites and avert shortages in the recipient sites. The major gaps identified were poor expiry monitoring and poor documentation which affected forecasting. Immediate corrective measures were instituted.

The project also facilitated the CHMT to assess Kitengela Sub-county hospital in readiness for upgrading to a central pharmaceutical supply site. The assessment report was submitted to NASCOP for approval. Once approved as central site, it's expected that Kitengela SCH will serve facilities within Kajiado East sub-county. Through the joint work-plan the project supported Kajiado County Referral Hospital to hold two medicines & therapeutics committee meetings. The facility reviewed the terms of reference for the Medical Therapeutics Committees (MTC) and embarked on drafting a customized drug formulary to guide prescribing practices in the hospital. In order to improve online reporting of FP commodities, the project provided internet bundles to the sub-county HMTs resulting in online reporting rates for FP and malaria commodities rising from 0% in June 2014 to 82% in September.

Laikipia County: The project continued to mentor HCWs on commodity management and pharmacovigilance. The project supported three MTC meetings at Nanyuki TRH and Rumuruti DH

attended by 20 HCWs. The MTC reviewed prescribing practices within the hospitals in order to prevent adverse effects and misuse of antibiotics. The project also supported installation of ADT at Nanyuki Cottage Hospital and redistribution of ARV drugs between Ndindika HC, Ngarua HC, Nyahururu District Hospital, Oljabet HC, Rumuruti DH and Nanyuki TRH. In addition to mentorship support, the project jointly with the MOH and Kenya-PHARMA conducted support supervision in Laikipia west sub-county. Through the support of the project, the county online reporting rates for FP commodities rose from 42% to 84% in September 2014.

Nakuru County: The project continued to support supply chain management for HIV/AIDS, FP, Malaria and TB commodities to public, private facilities. Additionally, an assorted pharmacy data collection and reporting tools were distributed to 12 ART sites and staff mentored on their use. Mentorship focused on use of Daily Activity Registers for ARV/OI, use of ADT, correct pediatric dosing and phase-out of d4T-based regimens reaching 13 HCWs. Graph 6 below shows a steady decline in use of d4T at Nakuru PGH from last to the current quarter. Four sites (Rongai HC, Mogotio HC, Kapkures HC and Naivasha DH) were provided with computers for ADT and the installation done. APhiAplus Nuru ya Bonde worked with sub county health management teams and health facilities to raise FP DHIS commodity reporting rates to 80%. The project facilitated assessment of sites in Molo, Njoro and Kuresoi sub-counties with an aim of increasing the number of central sites and ease drug supply to the satellites.

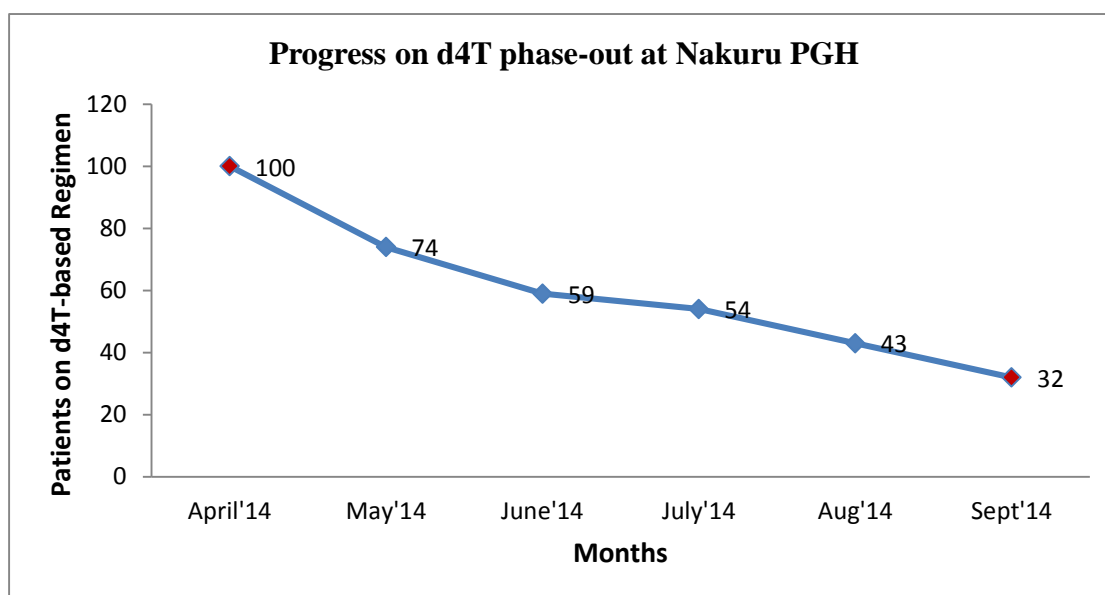


Figure 6: Progress on d4T phase-out at Nakuru PGH

Narok County: The MDT mentored 15 HCWs from eight facilities on commodity management focusing on proper documentation to improve proper forecasting. After the failure of pharmacy IQCARE to fully address the pharmacy needs at the Narok DH, the project supported the re-installation of ADT. Daily Activity Register (DAR), Facility Monthly Antiretroviral Patient Summary (FMAPS), Facility Consumption Data Report and Request (FCDRR) for ARVs and OIs, FP reporting tools were distributed to facilities that lacked them. In addition, the project supported the re-distribution of ARVs and other essential drugs within the county which ensured availability of these drugs without any shortages experienced in the quarter.

Following the project's support, the recently established central site at Olololunga SCH supplied ARV commodities to 15 sites. The sub-county pharmacist was mentored on how to forecast for the satellite sites and how to use the aggregated NASCOP tool in forecasting. The project also continued to support the sub-county Pharmaceutical Technologists with data bundles to enhance online reporting of commodities, especially the FP commodities. As a result, the online FP reporting rates for the county improved from 0% in June 2014 to 90% in September 2014.

Nutritional Support

In the fourth quarter, 242 health care workers were reached through OJT, mentorship, facility nutrition CMEs and one day orientation on nutrition service delivery in the five counties. Key activities done included county dissemination of the MIYCN policy and operational guidelines, one day orientations and facility nutrition CMEs on NACS, micronutrient deficiency control guidelines, BFHI and nutrition service and commodity data reporting. Mentorship and/or OJT was also carried out on nutrition assessment and diagnosis using the nutrition reference charts, forecasting and quantification of nutrition commodities, food by prescription protocol, infant and young child counseling, micronutrient powder policy guidelines including nutrition services and commodity data documentation and reporting. Detailed county achievements are detailed below:

Baringo County: Staff from one facility were mentored on nutrition assessment and diagnosis using reference charts, IYCF recommendations in PMTCT and nutrition service and commodity data reporting.

Kajiado County: During the quarter, 34 HCWs from Kajiado DH and Loitokitok DH were orientated on nutrition assessment, counseling and support including documentation and reporting. One nutrition staff in Ongata Rongai HC was mentored on nutrition assessment and diagnosis using the nutrition reference charts including nutrition services and commodity data reporting.

Laikipia County: The project in collaboration with UNICEF supported a two day meeting where MIYCN policy, strategy and operational guidelines were disseminated. Twenty-four health care workers from the CHMT, SCHMT and selected health facilities were oriented on NACS. Nutrition services and commodity data reporting in the DHIS2 were also addressed. During the quarter, the project facilitated the transportation of UNICEF supported IMAM nutrition commodities from Nairobi and redistribution within the county to Rumuruti DH and Lamuria HC in response to the increase in admissions of malnutrition cases.

Nakuru County: The project supported the county dissemination of the MIYCN policy, strategy and operational guidelines to 24 health care workers drawn from the all the sub-county health management teams and selected high volume health facilities. Use of Vitamin A monitoring chart, micronutrient-powder policy guidelines and BFHI/BFCI were also discussed. One hundred health care workers were reached through facility nutrition CMEs in Molo DH, Naivasha DH, Elburgon SDH and Njoro HC. The topics covered included NACS, MIYCN operational guidelines, BFHI and micronutrient-deficiency control guidelines. A one day orientation on NACS was also conducted for 22 HCWs at Gilgil DH to strengthen integration of nutrition services with other health services, documentation and reporting of nutrition services. Nutrition mentorship on nutrition assessment, food by prescription protocol, micronutrient powder guidelines, forecasting and quantification of nutrition commodities was carried out for 14 HCWs at Njoro HC, Keringet HC, Molo DH, Lanet HC and FITC dispensary.

Narok County: A one day NACS orientation for 23 HCWs from Narok North and Narok South was supported at the county level with aim of strengthening nutrition service delivery and improve DHIS2 nutrition service and commodity data reporting.

3.1.9 Increased availability of screening and treatment for TB

During the quarter under review, the project supported the implementation of the 5Is through mentorship and on-job training of HCWs. The main focus was on scaling up of ART uptake among the TB/HIV co-infected.

Baringo County: The project continued to support the 12 TB/HIV treatment sites in the county to provide integrated HIV prevention, care and treatment services. During the reporting period, 101 TB cases were detected, of whom 26 tested HIV positive and 24 (92%) of them were started on ART.

Kajiado County: During the quarter under review, the MDT distributed Intensive Case Finding (ICF) cards and mentored 44 HCWs from 14 facilities on intensified TB case finding and management of TB/HIV co-infection. Out of the 13 sites offering TB/ART services, eight have integrated TB/HIV services thereby enhancing access to ART for the TB/HIV co-infected patients. During the reporting period, 389 TB cases were detected among them 106 (27.3%) were TB/HIV co-infected and 85 (80%) were started on HAART. The project mentorship continues to address timely uptake of ART within the recommended two to eight weeks of diagnosis.

Laikipia County: Clinical mentorship and joint support supervision has been intensified in all the 14 ART sites. Out of the 14 sites, eight (Lamuria Dispensary, Oljabet HC, Ndindika HC, St. Joseph, Kalalu, Sipili HC, Rumuruti SDH, and Melwa Dispensary) have complete TB/HIV integration. During the reporting period, 111 TB cases were detected of which 44 (39.6%) were co-infected with HIV and 33 (75%) of the co-infected patients were started on ART. The project continues to address the gaps in uptake of ART among the co-infected. The main challenges identified were updating of patient records and inaccurate reporting.

Nakuru County: The project facilitated one TB/HIV collaborative forum to support implementation of the Genexpert RRI, in which 25 TB/HIV managers from the county and sub-counties participated. The project also continued supporting the nationwide RRI on early TB diagnosis using the Genexpert technology. TB screening tools were distributed across all ART sites and HCW mentored on the same. During the quarter, 276 patient were diagnosed with both TB and HIV out of whom 212 (77%) were started on ART.

Narok County: During the quarter under review, the MDT distributed ICF cards and mentored 44 HCWs from 14 facilities on intensified TB case finding and management of TB/HIV co-infection. Out of the 13 sites offering TB/ART services, eight have integrated TB/HIV services. During the reporting period, 160 TB cases were detected, of which 148 (92.5%) were tested for HIV with 60 (37.5%) testing HIV positive and 47 (78%) getting started on ART.

3.1.10 Increased availability of family planning services in public, private sector facilities and communities

The RH technical team continued with mentorship activities across the counties focusing on strengthening integration of services so as to increase access of services by the clients since there were several missed opportunities at the sites. The team held sensitizations/orientation in all the counties, reaching 78 facilities and 256 HCWs. Following this, 99 facilities are now offering RH/HIV integrated services at different levels, 69 facilities offering CaCx screening, 15 facilities having integrated the services in CCC and eight facilities are offering cryotherapy services. The team also disseminated national FP job aids, SOPs and CaCx screening guidelines to 28 facilities that lacked them.

In the quarter, the project supported health facilities to reach 82,106 clients with FP services compared to 80,249 FP clients served in previous quarter, leading to a total of 300,140 FP clients served in FY 2014. The quarter's Couple Year of Protection (CYP) stood at 43,431 compared to 41,653 last reporting period. Cumulatively, the CYP for the year is 152,124. New FP clients comprised 30.2% of the FP clients served.

Baringo County: During this reporting period facilities had an adequate supply of contraceptives. However, uptake of LAPMs is still low in most of the sub-counties at about 7% of overall use. In collaboration with the county, sub-county RHC and CSFP the program supported training of 40 CHW in community based distribution for FP commodities in Marigat and Barwessa CU. This was a three-day training using the current National Community FP training modules-II. The CHW will be supported to offer FP information and services (pills and condoms) by the local CHEWs at the link facilities. Temporary data collection tools have been shared with the teams as the project awaits provision of standard reporting tools from the Ministry of Health. This initiative will enable the two sub-counties to scale up the uptake of FP services at the facility and community level.

During this period under review, a total of 8,594 clients were reached with FP services of whom 2,654 (31%) were new. The uptake of voluntary surgical contraception is still low with only five BTL performed in the last six months. The injectable contraceptive, Depo Provera is the most popular method accessed by clients with 6,912 (80%) of clients served received it. The county achieved a CYP of 3,316. CaCx screening services are ongoing in Timboroa, Eldama Ravine, Solian HC and Emining HC through which 67 clients were screened during the quarter. One additional facility – Equator HC initiated cervical cancer screening in the quarter.

Kajiado County: The County has a total of 102 sites offering FP services. During the quarter, RH assessment were conducted in eight health facilities during which 14 service providers were mentored on HIV/FP integration and documentation of FP services. In Loitokitok SCH, a total of 13 positive women of reproductive age were counseled on different FP methods and offered their method of choice in the CCC. At Kajiado CRH, a total of 66 positive women of reproductive age accessed FP services within the family CCC clinic. In total 14,870 women received FP services, of whom 5,367 were first time users of modern FP methods, translating to a CYP of 7,757.

Laikipia County: The project continued mentorship on integration of HIV services into MCH/FP services aiming at reducing missed opportunities and improve integrated services. In total, 39 HCWs were mentored on FP/RH integration and 88 HCWs updated on FP contraceptive technology. Family planning CDRR reporting improved from 35% to 82 % as a result of OJT and provision of reporting tools. The team also worked together with the SCHRIOs to ensure timeliness and completeness of reports. In this period there were 8,804 (73.6%) FP clients revisits while 3,150 (26.4%) were new with the injectable method being the most popular with 7,900 (66.1%) clients. Long term methods contributed to 9.6% of FP coverage. Total CYP for the reporting period was 5,808.

Five facilities are offering CaCx screening and 189 clients were screened with none being positive or having a suspicious lesion. Following the provision of standard CaCx tools from DRH, reports are expected to improve.

Nakuru County: A total of 176 FP sites (public, private and FBOs) are supported by the project in the county. Nine health facilities are equipped for routine voluntary surgical contraception. The MDT visited 45 health facilities for mentorship on family planning, OJT on LAPM and CaCx screening. The team disseminated and distributed assorted job aids to these health facilities. A total of 120 health care providers were trained on long acting and reversible family planning methods.

Commodity security was assured during the quarter, attributable to improved forecasting and reporting.

The uptake of LAPM FP methods has greatly improved leading to an increase in the overall CYPs from 21,138 in quarter one to 20,922 in quarter three to the current 23,757. The contribution of LAPM to CYPs for the quarter is 66%. Women using modern contraception in the quarter were 41,883 as compared to 40,337 and 40,741 in quarter two and three respectively.

Narok County: During the quarter, the project supported the redistribution of implants and Depo-provera injections to address stock-outs experienced in some facilities in the county. In partnership with FUNZO Kenya, 24 HCWs were trained on CTUs/FP. In addition, the project trained 40 CHWs from two community units (CU) on community FP to enhance uptake FP services.

A total of 4,805 clients received FP services during this reporting period compared to 4,964 clients the previous quarter. The CYP was 2,794 during the quarter compared to 2,955 in the previous quarter. This drop in the CYP was a result of the frequent stock-out of LAPMs in the county. Additionally, 20 clients received CaCx screening services compared to 235 clients in the previous quarter, and none of them had a positive result. However, two of them had suspicious lesions and were referred for further management. This decrease was occasioned by a mass HCWs reshuffle in the county which left most of the MNCH departments without skilled staff to offer services.

3.1.11 Increased availability and capacity of functional skilled birth attendants in public and private sectors in health facilities and communities

The project continued to scale up availability of BEmONC in five counties though prioritizing Narok and Baringo which have poor MNCH indicators. Baseline assessments using the revised tool were done in a total of 33 facilities and results forwarded to MOH/Measure Evaluation project for analysis. The results have since been disseminated to the county/sub county teams. Key findings from the baseline assessments in both counties showed that; administration of basic antibiotics was not consistent as they were not kept in the maternity/MCH; administration of magnesium sulphate was not a common practice in tier 2 facilities despite the commodity being available; there was skills and knowledge gap in performing neonatal resuscitation and MVA, and lack of equipment to perform the same functions, among other gaps. The county/sub county teams alongside project staff came up with targeted action plans to address the gaps identified. In liaison with FUNZO Kenya, 62 HCWs have been trained on BEMONC, and 80 CHVs trained in community MNCH. Mentorship, orientations, OJT and CMEs are also on going as part of the implementation plan.

The project also continued to provide mentorship on FANC, partograph, individualized birth plan (IBP), AMSTL and essential new born care at facility level as well distribution of assorted job aids. In addition, select facilities in all counties received assorted equipment from USAID including delivery kits, weighing scales, ambu bags and room warmers that will support provision of improved quality services in the selected sites.

During the reporting period, 30,303 pregnant women went for first ANC visit compared to 28,722 for last quarter. This brings a cumulative achievement of 112,667 (91% of the annual target of 125,000). There were 13,976 clients who attended four ANC visits, making the yearly achievement 48,552 (95% of the annual target of 50,750). A total of 19,672 women delivered under skilled birth attendants (SBA) compared to 18,705 served in previous quarter. Cumulatively, 72,930 women had deliveries by SBA against an FY 2014 target of 31,250.

Baringo County: During the quarter under review, FANC and SBA services continued to be supported in the county through mentorship, orientations, OJT and support of other MNCH interventions through the JWPs. The program in collaboration with the county health managers and

other stakeholders participated in the Launch of the Beyond Zero Campaign in the county. The occasion was graced by the presence of the First Lady of the Republic Her Excellency Margaret Kenyatta. During the forum the county leadership acknowledged the support APHIAplus Nuru ya Bonde has given to the residents of Baringo County.

In partnership with the CHMT the program supported MNCH activities in all six sub-counties JWPs. This was aimed at accelerating the implementation of the 7-9 signal functions of emergency obstetric and new born care in 20 high volume facilities. During the last reporting period, EMONC baseline assessments were conducted in 20 high volume facilities. The findings were disseminated to the county and sub-counties health managers and facility managers in September 2014. The various teams were supported to develop action plans to address gaps identified and implementation is on-going.

Data generated during this period shows that 3,655 pregnant women attended 1st ANC visits and 7,447 revisits, with 1,960 mothers attending four visits. Pregnant women continue to have initiate ANC visits as late as at 6-7 months in all the sub-counties in this county, hence only half of them ever get to complete the four ANC visits. Skilled deliveries during the reporting period were 2,775 which was an increase compared to 2,584 previous quarter. The ongoing training in C-MNCH/FP for CHVs will help to address this gap in selected CUs linked to the 20 priority EMONC facilities.

Kajiado County: Twenty one facilities underwent a baseline assessment to determine their capacity to handle obstetric emergencies and to refer in a timely manner using the seven signal functions basic emergency maternal obstetric and newborn care (BEmONC) tool. The results of the assessment are presented in graph 7 below and indicate that 21 (100%) of the facilities had the capacity to administer uterotonic drugs (oxytocin) and manually remove the placenta. On the other hand only 19% and 38 % of the facilities had the capacity to conduct all signal functions and perform assisted vaginal deliveries. The results under parental antibiotics and anticonvulsants are due to stock outs of the commodities and not staff capacity to administer them.

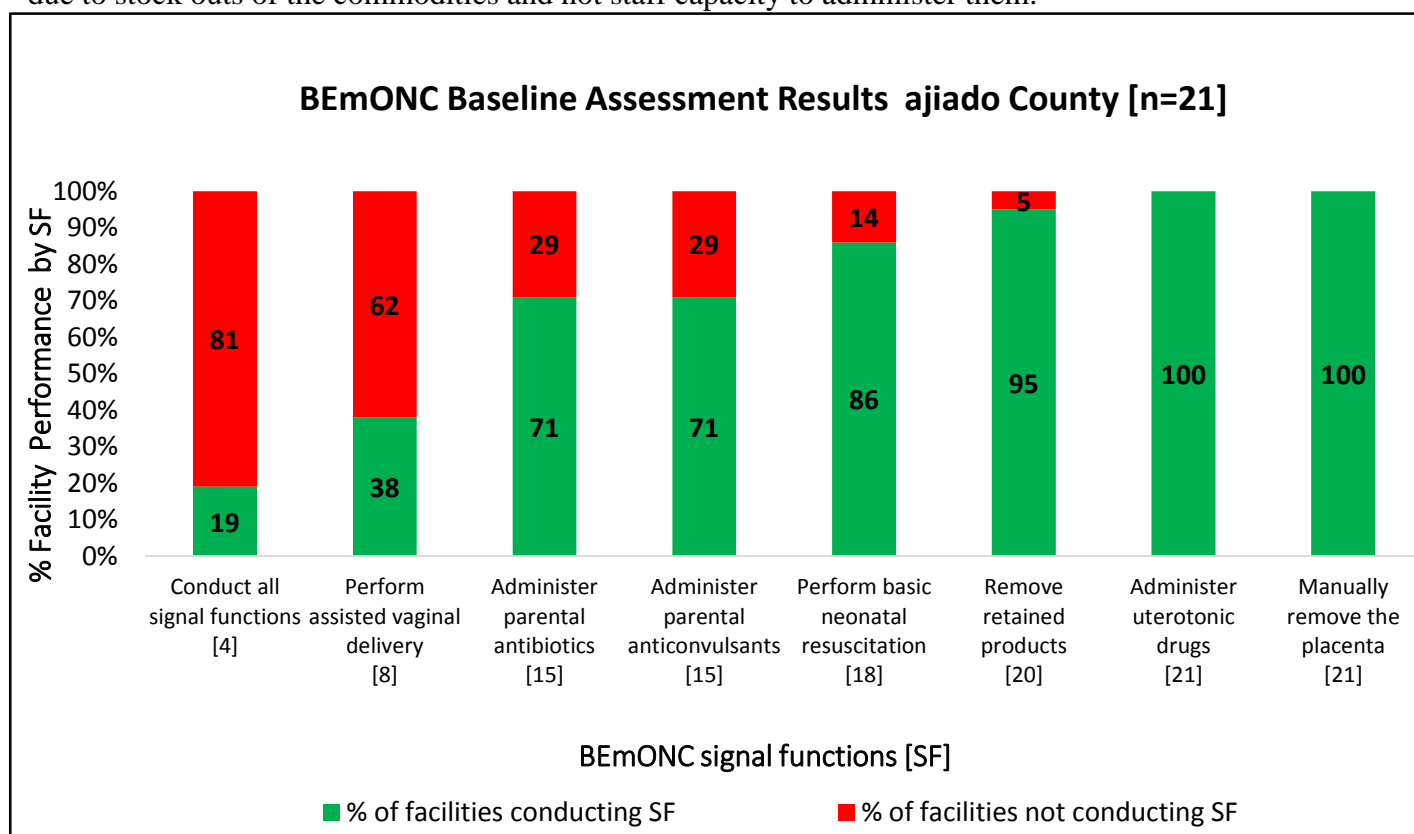


Figure 7: Kajiado BEmONC Baseline Assessment Results

In order to improve the capacities, a total of 30 service providers were mentored on the identified gaps. The areas of focus included infection prevention in labor wards and newborn units; importance of an up-to date emergency tray in the labor ward including the essential drugs and commodities for this tray; management of pre-eclampsia; timely referrals and use of partographs to monitor labor and AMTSL. In addition, a total of two BEmONC orientations were conducted reaching 62 service providers in Kajiado CRH and Loitokitok SCH. The orientations were on management of neonatal and obstetric emergencies, use of partograph in monitoring labor and AMTSL. A CME on AMTSL was done in Kitengela SCH reaching 24 service providers. Also, mentorship on the importance of maternal perinatal death review (MPDR) committees and the need to review neonatal deaths (including still births) was done in three high volume sites (Kajiado CRH, Loitokitok SCH and Ngong SCH). This targeted the nursing officer in charges. Support supervision will continue in the subsequent quarter to monitor performance and improvement.

During this reporting period, 5,847 mothers attended their first ANC and 2,652 attended FANC up to 4th visit. In FY 2014, a total of 22,125 made their 1st ANC visits against a target of 22,480 mothers, while 9,566 against a target of 9,127 made 4 ANC visits. There were 2,934 deliveries conducted by SBA. In 2014, a total of 10,858 deliveries were conducted by SBA against a target of 5,620.

Laikipia County: Mentorship teams comprising county, sub-county and project staff visited four of the 30 sites for support supervision, mentorship, and data review. A total of 81 HCWs were mentored on scale up of skilled deliveries, correct use of partograph, AMTSL, prevention, management of postpartum hemorrhage and infection prevention practices. The RH checklist was administered and specific gaps identified were addressed by targeted interventions and mentorship. Three CME on MPDR were done at Nanyuki RTH, Doldol and Rumuruti SDH reaching 156 HCWs. Twenty three assorted job aids were distributed and staff oriented on their use including demonstration of infant feeding and breastfeeding stimulation during BEmONC and newborn care. A new MPDR committee was established in Doldol and a verbal autopsy committee formed at the community to enable timely audit of maternal and neonatal death and reduce neonatal mortality rates (NMR). One maternal death was audited at Doldol hospital with three delays suspected to be the cause of death. The MPDR committees recommended regular meetings, orientations and provision of tools to enable timely and quality audits of perinatal and maternal death. Soft copies of MPDR guidelines were provided but hard copies are needed for easy reference while working. Mentorship was also conducted for 30 HCWs on emergency preparedness during delivery and all sites visited had emergency trays but some needed improvement (additional drugs and replacement of expired drugs and labeling).

A total of 2,420 clients attended their first ANC visit while 1,412 clients completed their 4th ANC visit as compared to 2,379 and 1,395 respectively during the previous quarter. In this quarter, there were 1,711 deliveries by SBA compared to 1,692 in the April to June quarter.

Nakuru County: The county has 158 ANC sites with 62 tier II health facilities offering BEmONC and 18 tier III health facilities equipped for comprehensive emergency obstetric and newborn care. In this quarter, the MDT team supported 45 high volume sites to improve the quality of service delivery through mentorship. Topics covered included infection prevention, FANC, partograph, AMTSL, use of magnesium sulphate and management of obstetric emergencies reaching 120 HCWs. The team also disseminated and distributed assorted job aids to 45 health facilities.

Targeted approaches to improve uptake of 4th ANC visits and SBA included enhanced linkage to community units, male involvement through invitation cards, sustained demand creation through health communication, continued mentorship on essential health packages, provision of basic

equipment and facilitative supervision. Mentorship and OJT has been ongoing accompanied by the provision of equipment to support MCH services.

A total of 14,282 clients attended their first ANC visit in the 158 sites while 6,954 clients completed their 4th ANC visit as compared to 13,239 and 6,715 respectively during the previous quarter. This brings the annual achievement of first visits to 96% against target and 132% for 4th client visits. During this quarter, there were 10,603 deliveries by SBA compared to 10,227 in the April to June quarter.

Narok County: In partnership with USAID PIMA project, project staff oriented 19 HCWs (i.e., 13 facility HCWs and six CHMT members) on the BEmONC assessment tool. The facilities were then supported to conduct a baseline assessment during the quarter to inform scale up of these services in the county. The results were disseminated to the CHMT, SCHMTs and partners implementing MNCH activities. The findings showed that HCWs had inadequate skills to offer BEmONC services, most facilities lacked basic MNCH equipment and supplies, and none of the 13 selected sites had all the seven functions of a BEmONC site. Clear action plans were developed both at the county, sub-county and facility levels to scale up BEmONC activities.

In partnership with FUNZO Kenya, 32 HCWs from 20 facilities were trained on BEmONC as a way of implementing one of the key action plans. As a follow-up after the training, the project together with sub-county supervisors carried out mentorship at six facilities in Narok North sub-county. During mentorship, it was noted that the trained HCWs had embraced the new skills and were already putting them into practice. Most of them had approached partners and mobilized resources and ensured availability of supplies and drugs in maternity. The biggest challenge for all the facilities were lack of vacuum extractors, MVA kits, implant removal and IUCD insertion kits.

The project oriented 17 HCWs from Olololunga SCH on BEmONC focusing on FP and preconception care, FANC, use of partograph, safe and skilled delivery, use of magnesium sulphate, AMTSL, prevention and management of PPH, puerperal sepsis, management of shock, and targeted PNC. Implementation of the action plan activities is ongoing, with an end line assessment expected during the next reporting period.

The number of clients attending their first ANC visits increased from 3,744 in the previous quarter to 4,099 clients in this reporting period while clients attending the 4th ANC visits also increased from 868 in the previous quarter to 998 clients during the quarter. In addition, deliveries by SBA also increased from 1,534 in the previous quarter to 1,649.

These improvements are attributed in part to the orientation of traditional birth attendants (TBAs) that redefined their role whereby they are expected to escort mothers to labor ward, and intensified social mobilization in churches and public functions to advocate for male involvement in MNCH. In addition, the county is already conducting targeted outreaches using the mobile clinic donated by the First Lady through the Beyond Zero campaign to provide MNCH services to clients from hard to reach areas.

3.1.12 Increased availability of essential newborn care and resuscitation, nutrition, safe and clean water at point of use and prevention and management of childhood illness

The project continued to provide mentorship to HCWs focusing on essential newborn care, breastfeeding, newborn resuscitation, prevention and management of common childhood emergencies including diarrhea and prevention of childhood illnesses.

During the reporting period, 34,301 children received Penta 3 vaccine, compared to 31,517 children in previous quarter. Cumulatively, 121,821 children have received Penta 3 which is 102% of the FY 2014 target of 120,000. Another 28,760 children under five years received vitamin A supplementation during the period, giving a cumulative achievement of 136,279 (114%) compared to target for the year. A total of 42,728 children were treated for diarrhea and 17,821 treated for pneumonia.

Baringo County: This county is one of the 14 counties identified nationally as having declining MNCH indicators especially 4th ANC attendance, low deliveries by SBA and postnatal care. Twenty facilities in the county were identified for support to improve MNCH service uptake within a period of four months from June to Sept 2014). To support the scale up, the project in partnership with PIMA oriented 25 RH coordinators, public health nurses and health information officers from six sub-counties on the data tool for conducting Emergency Obstetric and Newborn Care (EmONC) assessment on 7-9 signal functions. One of the gaps identified during the baseline assessment were inadequate skills in newborn resuscitation and measures have been taken through mentorship and training to improve service providers knowledge and skills in newborn care. During this reporting period 32 HCWs were given a skills update on newborn resuscitation and all five hospitals have been able to implement this intervention.

The project continued to provide mentorship to HCW on immunization, newborn resuscitation, prevention and management of childhood illnesses, nutrition assessment and diagnosis using reference charts, IYCF recommendations in PMTCT and nutrition service and commodity data reporting. At level one, 40 CHVs were trained in Community MNCH from Barwessa and Kampi Turkana CU to promote the scale up delivery by SBA, postnatal care/follow up and newborn care at the community. This training started in September but ended in October 2014 hence the results will be reported in FY 2015.

During this reporting period, 4,084 children received Penta 3 vaccine which is an increase compared to 3,811 last quarter and 3,951 children under 5 years received vitamin A supplementation. A total of 7,686 and 1,968 children were treated for diarrhea and pneumonia respectively.

Kajiado County: Out of the 83 ANC sites, 36 health facilities have the capacity to conduct deliveries (basic equipment and designated areas for deliveries). There are another 59 facilities with functional Oral Rehydration Therapy (ORT) corners. A total of 5 service providers from four health facilities were mentored on importance of ORT corners and the newly introduced vaccine - rota virus, on its documentation, schedules, and storage, dispensing and ordering.

To address gaps from the BEmONC assessment, a total of 30 service providers from the 21 facilities assessed were mentored on newborn care guideline; importance of administration of tetracycline eye ointment to all infants, warm chain, breastfeeding protocols and neonatal resuscitation. A total of 62 service providers in Kajiado CRH and Loitokitok SCH were oriented on neonatal resuscitation.

During this reporting period, a total of 7,207 received Penta 3 and 7,562 children received vitamin A supplementation; 10,565 children were treated for diarrhea and 4,936 for pneumonia. The county's dropout rate is currently at 7% from 11% reported last quarter). The diverse geographical and cultural issues within Kajiado west sub-county has contributed to a high dropout rate and low immunization coverage.

Laikipia County : Staff at three hospitals were mentored on ensuring that resuscitation equipment e.g., masks, suction machine, ambu bags, oxygen etc., were functional, clean and ready for use at all times with attention to infection prevention practice. Out of 29 facilities visited 28 had ORT

corners though some were not functional (either zinc tablets or clean water containers were missing) and mentorship was done to address this. Three orientations on IFAs were done in Laikipia East and CHMT reaching 56 HCWs. All supported sites are administering IFAs to pregnant women and lactating mothers. Integrated outreaches were carried out in Laikipia West, Laikipia central and Laikipia North to boost immunization, vitamin A supplementation and deworming coverage.

The project in collaboration with UNICEF supported a two day meeting where MIYCN policy, strategy and operational guidelines were disseminated. Twenty four health care workers from the CHMT, SCHMT and selected health facilities were oriented on NACS. Nutrition services and commodity data reporting in the DHIS 2 were also addressed. During the quarter, the project facilitated the transportation of UNICEF supported IMAM nutrition commodities from Nairobi and facilitated redistribution within the County to Rumuruti SCH and Lamuria HC in response an increase in admission of malnutrition cases there.

During the quarter, 2,386 children under the age of 12 months received Penta 3 and 2,338 children received vitamin A supplementation; 2,714 children were treated for diarrhea and 1,629 for pneumonia, 2,334 children received measles vaccination, and 2,235 children were fully immunized.

Nakuru County: The project supports 158 tier II and III health facilities in Nakuru County. The county has 43 health facilities with functional ORT corners. Mentorship was carried out at 45 health facilities on BFHI, IMCI, and immunization and neonatal resuscitation – reaching 150 HCWs. Dissemination of job aids/SOPs was also conducted at these sites and identified gaps in the ORT corners addressed as necessary. Strategies for scale-up ORT corners have continued as has mentorship on IMCI, provision of basic equipment, provision of IMCI job aids/charts and supportive supervision.

The project supported the county to disseminate the MIYCN policy, strategy and operational guidelines to 24 HCWs drawn from all the sub-county health management teams and selected high volume health facilities. Use of the vitamin A monitoring chart, micronutrient powder policy guidelines and BFHI/BFCI were also discussed. A further 100 HCWs were reached through facility nutrition CMEs in Molo DH, Naivasha DH, Elburgon SDH and Njoro HC. The topics covered included NACS, MIYCN operational guidelines, BFHI and micronutrient deficiency control guidelines. A one day orientation on NACS was also conducted for 22 HCWs in Gilgil DH to strengthen integration of nutrition services with other health services, documentation and reporting of nutrition services. Nutrition mentorship on nutrition assessment, food by prescription protocol, micronutrient powder guidelines, forecasting and quantification of nutrition commodities was carried out for 14 HCWs in Njoro HC, Keringet HC, Molo DH, Lanet HC and FITC dispensary.

Penta 3 was provided to 14,542 children as compared to 12,879 in April to June 2014. Measles coverage was 13,767 (98%) against 13,432 (95%) while FIC was 13,567 (96%) against 13,201 (94%) in last quarter. Vitamin A supplementation for children under 5 years was offered to 11,702 children while 16,965 children were treated for diarrhea compared to 17,791 in last quarter. In addition, 6,759 were treated for pneumonia versus 7,637 children treated in previous quarter.

Narok County: The project trained 32 HCWs from 20 facilities on BEmONC in liaison with FUNZO, and 40 CHWs from two CU were trained on community MNCH. This training started in September but ended in October 2014 hence the results will be reported in FY 2015. In addition, the project oriented 17 HCWs from Olololunga SDH on BEmONC focusing on newborn resuscitation, immediate new born care, Kangaroo Mother Care, breast feeding, neonatal sepsis, management of HIV/hepatitis B, syphilis and TB in neonates.

The MDT distributed assorted job aids to 10 facilities and mentored HCWs on establishment and use of ORT corners with five facilities supported with buckets for use in the ORT corner, promotion of the use of zinc in the management of diarrhea, BFHI, infant feeding in HIV and proper use of registers and reporting tools. The project facilitated CMEs for 30 HCWs from Olololunga SDH and one day orientation for 23 HCWs on growth monitoring and promotion, integrated management of malnutrition including use of the food by prescription protocol, integration of high impact nutrition interventions in TB/HIV, BFHIs and NACS. The project also facilitated the MoH to conduct supportive supervision during the Breast Feeding Week where 14 facilities were visited.

The project also facilitated integrated outreaches in Narok South sub-county where 96 children were immunized and screened for malnutrition, 28 clients reached with FP services, 27 clients provided with ANC services, 37 clients were tested for HIV, and 65 clients were treated for minor illnesses.

During the quarter, 6,082 children under the age of 12 months received Penta3; 3,207 received vitamin A supplementation, while 4,798 were treated for diarrhea and 2,529 for pneumonia. A total of 5,682 children received measles vaccination and 4,976 children were fully immunized.

3.1.13: Expanded coverage of high impact interventions for women and men of reproductive age, youth, vulnerable groups, MARPs, mothers, newborns, and children

Youth Program

During the quarter under review, the project reached 60,583 females aged 15-24 years with Sister to Sister Evidence Based Intervention (EBI) bringing the total reached in FY 2014 to 65,157 females aged 15-24 years (136% of the FY 2014 target of 48,000). The project targeted tertiary education colleges and universities in order to reach this target group. To get an insight into what actions the young women who benefited from the intervention had gained, a total of 500 young women selected from 10 institutions in Nakuru County were interviewed in a rapid survey of a purposively selected sample, during the month of September 2014. As shown in Figure 8, about two thirds (64%) of the young women interviewed indicated they had used condoms or negotiated condom use with their partners. This is in line with the intervention's (Sister to Sister EBI) objectives that aim to equip the women with skills to reduce risk of HIV and pregnancy. About one in 10 respondents (13%) reported choosing abstinence and one in 25 (4%) being faithful to one partner. The later finding indicates that the respondents understood consistent condom use to be and those assumed to be sexually active, lay importance on consistent and correct condom use as the most important protection measure. Only 1% cited family planning. This clearly indicates a gap in knowledge, poor FP service uptake and a huge unmet need for FP among this population group.

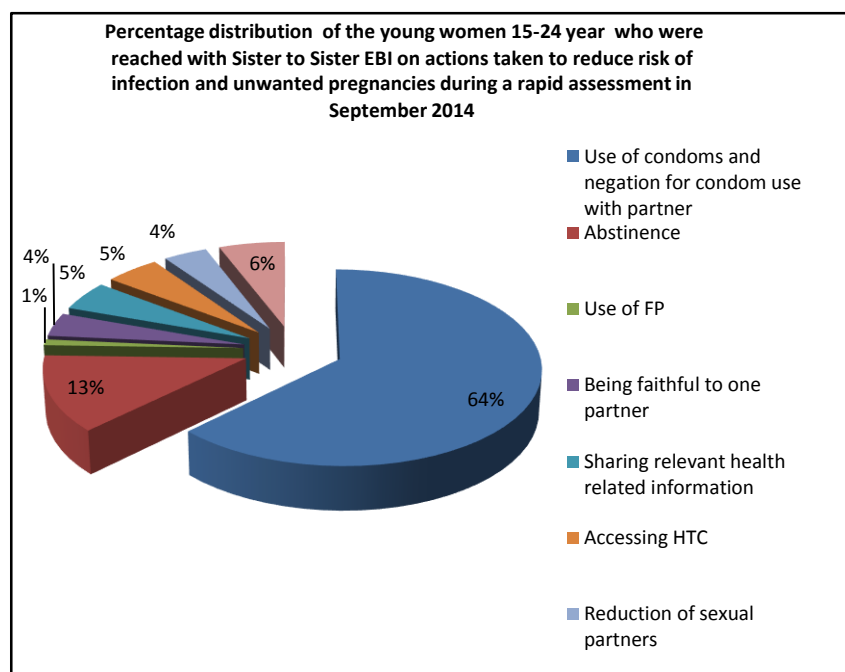


Figure 8: Services accessed by young women reached with sister to sister EBI

In addition to reaching this group with behavioural change messages, the project in partnership with the Ministry of Health in Nakuru County conducted integrated outreaches, reaching a total of 4,539 individuals (Nakuru 4,017 and Narok - 522) with various biomedical services.

The project continued also to provide technical support to MOE to deliver Life Skill Education (LSE) to 99 schools in Nakuru and Narok counties. In order to sustain this beyond project support, the schools started integrating LSE into other extra curriculum activities such as scouts, girl guides, environmental and, water and sanitation clubs. The project continued to implement the youth program in all four counties with the exception of Baringo. Detailed county achievements are presented below:

Kajiado County: During the quarter, the project reached 12,027 young women aged 15-24 years were reached with Sister to Sister EBI against an annual target of 8,000. During the EBI sessions, 69 young women were referred for various services; eight for FP, seven for STI, three for TB screening, 50 for HTC, and one for ANC. The facilitators are following up establish the HIV test results and to ensure anyone who tested HIV positive is initiated on care.

Laikipia County: During the quarter, 7,039 females aged 15-24 years were reached with Sister to Sister EBI against an annual target of 5,000. The sessions were conducted within the learning institutions and did not include biomedical services.

Nakuru County: During the quarter, 29,254 females aged 15-24 years were reached through the Sister to Sister EBI against the annual target of 20,000. Of those females reached, 4,017 were provided with various bio medical services (HTC 1,805, STI screening 747, RH/FP 501, cervical cancer screening 713 and breast cancer screening 251). Thirteen (54 females) tested positive and were linked to care. Another 923 women were referred for various services as follows; 239 for STI, 90 for FP/RH, 428 for HTC, 180 for cervical cancer screening, 31 for breast cancer screening and five to comprehensive care center.

Additionally, the project conducted a meeting with Ministry of Education officials and 64 teachers from schools implementing life skills education (LSE) to discuss how to transition the LSE to the ministry. Out of the sustainability measure put in place, schools have managed to do the following so far:

- Established linkage and partnership with the MOH and county government and Population Services Kenya (PSK) on WASH
- Mainstreamed LSE sessions in health clubs
- MOE has continued to provide support supervision on school health activities
- The county government continued recognition / award for best child friendly school that includes LSE
- Schools bought other LSE handbooks for teachers beyond what the project provided.

Narok County: During the quarter, the project reached 12,263 females aged 15-24 years with sister-to-sister EBI compared to 2,567 achieved last quarter. The target for the county was 8,000 young women 15-24 years. An integrated outreach was conducted at Maasai Mara University where 522 (52% females) accessed HTC services, with none testing positive, while 71 female students received FP services. In addition, 43,400 (43,200 males; 200 female) condoms were distributed. Like in Nakuru County, the project also conducted meetings with Ministry of Education officials and teachers from schools implementing life skills education (LSE) to discuss the transition of the LSE to the ministry. Similar transition strategies were agreed upon.

Most at Risk Populations (MARPs) Interventions

The project continued to target female and male sex workers (FSW and MSW) and Men who have Sex with Men (MSM) with MARP interventions in nine urban areas and three truck stops. The

interventions include peer education and outreach, condom promotion and distribution, risk assessment and reduction counselling, HIV testing and counselling, STI screening and treatment, linkage to HIV treatment, family planning services and economic empowerment initiatives. The IM works with 300 trained volunteer peer educators in five Drop- In- Centres (DIC) serving these populations in the four counties of Kajiado, Laikipia Nakuru and Narok. There are an estimated 9,981 FSW and 245 MSM/MSW in the priority areas respectively.

The Sister-to-Sister EBI was introduced during the quarter to complement the DIC based peer education and outreach activities. A total of 6,051 MARPS were reached, bringing the total number of MARPs reached in the year to 12,688 (99.5% of the FY 2014 target for key population). Of these, 544 FSW and 147 MSM/MSW were reached through the DIC and 5,507 through the Sister-to-Sister EBI. A total of 940 FSW were tested for HIV, 33 (3.5%) FSW tested positive and were linked to care. In addition, 1,415 FSW were screened for STI out of whom 218 (23%) who presented with STI received treatment; 488 were provided modern contraceptives in addition to condoms, 63 opted for implants, 286 for injectables and 139 oral contraceptives.

Kajiado County: The MARP interventions in Kajiado County only cover Ngong Division of Kajiado North District with an estimated 800 sex workers. Shujaa project supported by CDC Kenya covers the other divisions. During the quarter under review, 934 FSW were reached with Sister to Sister EBI. Among those reached, 121 were tested for HIV and 14 (11.5%) tested HIV positive and were all linked to care. In addition, 161 were screened for STI, 62 accessed modern contraceptives and 40 were screened for cervical cancer.

Laikipia County: During the quarter, MARPs interventions in Laikipia County were implemented in Nanyuki and Nyahururu towns and trading centres in Laikipia Central and Laikipia West sub-counties. There are approximately 1,500 SWs in the county. A total of 2,506 FSW and 21 MSM were reached during the quarter. Of the FSW reached, 2,403 were reached through Sister to Sister EBI and 103 through the DIC. Among these FSW, 326 received several bio medical services as follows; 71 tested for HIV with none testing positive; 70 were provided with modern contraceptives; 180 were screened for STI with 15 presenting with STI. Additionally, 37 MSM were provided with services as follows; 14 were tested for HIV with none testing positive and 17 were screened for STI with nine presenting with STI. A total of 24 FSW and MSM were treated for STI. Finally, 14,756 male and 250 female condoms were distributed to this population.

Nakuru County: During the quarter under review, MARPs interventions were implemented in Nakuru and Naivasha Municipality, Gilgil Town, Salgaa, Mai Mahiu, Kikopey and Makutano truck stops. The three DIC in the county are located in Nakuru Central Business District, Naivasha town and Salgaa truck stop. Hotspot mapping and peer tracking was institutionalized in project sites in order to improve coverage and effectiveness in reaching out to FSWs.

During the quarter, 1,829 FSW and 126 MSM were reached with MARP interventions. A total of 1,412 FSW were reached through Sister to Sister EBI and 417 through DIC. Service uptake at the three DICs decreased from 2,713 last quarters to 1,526 in this quarter. The decline was as a result of fewer DIC based outreaches. A total of 158,254 male condoms were distributed.

Narok County: MARPs interventions in Narok county are implemented in Narok North and Narok south sub-counties through a combination of static DIC and outreaches to hot spots. During the quarter, peer educators were oriented on hot spot mapping and peer tracking. This was done in partnership with the NASCOP Technical Support Unit. A total of 782 FSW were reached in the quarter; 758 through sister to sister EBI and 24 through the DIC. Of those reached, 124 clients were tested for HIV out of whom two tested positive and were linked to the Narok DH for care and treatment. Another 133 FSW were screened for STIs and 13 were treated.

Fisher folk

The project continued implementing Fisher folk activities in Baringo and Nakuru counties. During the quarter under review, the project reached 1,625 fisher folks (66% males) bringing the total reached in FY 2014 to 2,313 (66% males) against the annual target of 2,000.

Baringo County: During the reporting period, 18 peer educators actively participated in delivering the intervention at seven beaches namely Kampi ya Samaki, Kumolion, Salabani, Loruk, Kiserian, Ngenyini and Kokwa. The peer educators reached 751 fisher folks (43% males) using Stepping Stone EBI compared to last quarters reach of 282. A total of 35 fisher folk accessed HTC services, with none testing positive, while 15 others were referred to the health facility for various services. In addition, 496 male condoms and 94 female condoms were distributed.

Nakuru County: In this county, 24 peer educators and 10 mobilizers continued to conduct small group sessions among the fisher folks reaching 874 fisher folks (85% males) compared to 126 reached last quarter. The increase is attributed to the inclusion of Beach Management Unit (BMU) assemblies and officials planning meetings into Stepping Stones activities, which strengthened partnerships with all the stakeholders supporting the activities.

In addition, three service outreaches were conducted and 137 (66% males) accessed HTC services, five (80% females) tested positive and were linked to care. A total of 179 referrals were made for various services as follows; 138 were for HTC, 10 males for VMMC, 14 for STI screening and 17 females for FP. A total of 5,200 male condoms were distributed.



Pic 2: An on-going small group session at Lake Naivasha central beach

Voluntary Medical Male Circumcision (VMMC)

During the reporting period, the project continued to support three static sites and 12 outreaches to provide VMMC services in Baringo and Nakuru counties. Outreaches continued to be conducted at the flower farms around Lake Naivasha, in Molo, and Kampi Samaki on the shores of Lake Baringo. There was an increase in the number of circumcisions offered, from 769 to 1,908 in the current quarter occasioned intensified mobilization targeting males students during the August school holiday as illustrated in Table 2 below. There were 39 (2%) adverse events of the procedures carried out this reporting period that were managed appropriately. Cumulatively, 4,827 procedures have been performed in the year from October 2013 to the end of September, 2014. All had HTC conducted and of these 62 (1.3%) tested positive and were referred for care.

Table 2: VMMC performance April to September 2014

Age group	April to June	July to September	Total
<1	0	0	0
1-9	0	0	0
10-14	131	629	760
15-19	319	718	1,037
20-24	123	241	364
25-49	196	314	510
50 +	0	6	6
Total	769	1,908	2,766

Community Prevention with Positives activities (CPwP)

During the quarter, the project reached 744 PLHIVs (30% males) with a minimum package of CPwP messages compared 4,193 reached last quarter bringing the total reached in FY 2014 to 26,834 against an annual target of 15,000. The achievement is attributed to the training of additional CPwP service within the year. As a result of the messages, a total of 104 PLHIVs disclosed their HIV status to their spouses and significant others compared to 47 in quarter three, 315 ART defaulters were traced and returned to treatment while 4,039 condoms were distributed to PLHIVs within the support groups. The project facilitated review meetings with 265 service providers in collaboration with MOH staff where the service providers shared experiences and updates in addition to being introduced to the CPwP reporting tools.

Through the link desks, the project reached 22,884 clients (including children) who were referred to and from community to facilities and accessed various services compared to 15,380 reported last quarter. Below are detailed county specific achievements:

Baringo County: The project reached 12 PLHIV (16 % males) with minimum package of CPwP messages bringing the total reached in FY 2014 to 2,260 (69% of annual target). As a result of CPwP interventions, 17 PLHIVs disclosed their status to their partners and close family members, 17 children belonging to six caregivers were referred for HIV testing and they tested HIV negative, six couples and four individuals were tested for HIV, nine PLHIV were referred for nutritional supplements and 10 defaulters were traced and restarted ART. Furthermore, five female clients were effectively referred for PMTCT services, four for TB screening, 139 condoms were distributed and three males reported consistent condom use.

Through the link desks, 308 adults (31% males) and 29 children (44% males) were effectively referred from the community to facility and vice-versa. Seventeen OVC were referred for nutrition support; 11 adults and 12 children were referred for HTC and two tested HIV positive and were linked to Eldama Ravine District Hospital for care and treatment, 10 PLHIV were referred to join support groups and 91 for family planning services.

The project also facilitated a review meeting for 12 service providers in collaboration with MOH. The meetings were held in different sites and focused on review of reporting tool as well as key messages the service providers found difficult to deliver. After the meeting, the service providers gained confidence in delivering the messages on condom use, alcohol and substance abuse.

Kajiado County: During the quarter, the project reached 56 PLHIV (30% males) with minimum package of CPwP messages bringing the total reached in FY 2014 to 7,272 against an annual target of 2,371. The achievement is due to capacity building of additional 35 service providers within the year. Twenty-five clients who had defaulted from treatment were traced and restarted on treatment. In addition, eight support groups were formed in the quarter bringing the total number of support groups to 54. 37 children were tested after their caregivers received the message on family testing, 69 PLHIV disclosed their status to close members of their families and 14 (22% males) new clients joined support groups.

During this reporting period, link desks based at health facilities served 11,368 clients (39% males) with referrals to facility and community based services. This was a 9% increase from those served last quarter. In addition, the project conducted training for 30 additional CPwP service providers against a target of 32 in collaboration with the MOH. The project also facilitated one review meeting that was attended by 65 service providers in collaboration with MOH where CPwP reporting tool as well as key messages the service providers found difficult to deliver were discussed. The service

providers gained more skills and confidence in delivering messages on condom use, HIV disclosure and family testing.

Laikipia County: During the quarter under review, none of the clients completed minimum package of CPwP messages. Cumulatively, the project reached 7598 against annual target of 2,732. The project collaborated with Ministry of Health to facilitate training of 33 (18% males) CPwP service providers bringing the total to 46 in the county. The achievement beyond target is attributed to the performance of the trained service providers who mobilized clients and enhanced delivery of the messages. A total of 1,296 male condoms and 141 female condoms were distributed to PLHIV.

The 18 link desks in the county served 706 clients (30 males) compared to 416 (36% males) served last quarter. The clients were referred for TB, STI and nutrition screening, disclosure and adherence, partner testing and services offered by support groups. Through the support groups, 14 clients were counseled and referred for care and treatment at local health facilities and four defaulters were traced and re-admitted into care at Nanyuki DH.

In addition, the project conducted a review meeting with 15 service providers in collaboration with the MOH staff where challenges experienced by the service providers while delivering the messages were discussed. The meeting was also used to refresh the participants on the 13 key CPwP messages. The meeting resolved that DASCO further engage the CCC staff at Nanyuki DH to improve on how they handle clients in order to reduce number of defaulters. The meeting also helped the service providers to gain more insights on how to deliver the messages on substance abuse and partner testing.

Nakuru County: The project reached 675 PLHIV (30% males) with minimum package of CPwP messages bringing the total reached in the year to 7,894 against an annual target of 5,876. The performance was as a result of support supervision to service providers and support groups as well as contribution of the link desks in high volume facilities in facilitating referrals and linkages for support. During the quarter, a total of 329 clients were referred for various services; 38 and 14 were screened for TB and STI respectively, 68 received FP services, nine females for PMTCT, 18 disclosed their status, 3,604 condoms were distributed and 10 new support groups were formed with 192 members.

In partnership with the MOH, the project supported CPwP review meetings for 157 CPwP service providers. The meetings focused on experience sharing, review of the 13 CPwP messages, reporting tools, enrolment of more members to the groups, defaulter tracing and reviewed ART data capture. The meeting discussed various reasons why clients default from treatment and agreed on strategies to support clients to ensure sustained adherence to treatment.

Through the 18 link desks, 10,502 clients (80% adults) were served with various services; 656 children and 2,366 adults were referred from community to facility for and received various services including HTC, treatment for minor ailments and opportunistic infections, while 429 children and 1,214 adults were referred from health facilities to community for further psychosocial support. A total of 276 defaulters (96% adults) were traced and returned to care and treatment.

Narok County: During the quarter under review, the project reached one female PLHIV with minimum package of CPwP messages through individual sessions bringing the total reached to 1,218 against the annual target of 722 PLHIV. The over achievement was because of realignment of data from one LIP (CDoN) who until December of 2013 was reported under Kajiado County. Through the five link desks, 84 (27 males, 57 females) individuals were referred from the facility to the community and a further 185 (72 males, 113 females) clients were referred from the

community to the facility and accessed various services. Out of the clients referred from the community to the facility 28 (61% females) were children while 157 (62% females) were adults.

The project also facilitated a review meeting for 16 CPwP providers where updates on the 13 key CPwP messages and mentorship on CPwP reporting was provided. The meeting helped the service providers gain more insights on how to deliver messages on condom use, alcohol and substance abuse. The meeting also harmonized reporting challenges among service providers and all were instructed to use the standard tool.

RESULT 3.2: INCREASED DEMAND FOR AN INTEGRATED PACKAGE OF QUALITY HIGH IMPACT INTERVENTIONS AT COMMUNITY AND HEALTH FACILITY LEVEL

3.2.2 Increased capacity of Sub-counties to develop, implement and monitor customized communications strategy

The Behavior Change Communication (BCC) committees continued to provide overall coordination and championing of all BCC activities in the counties. In collaboration with Health Communication and Marketing (HCM), the project supported a joint meeting of eight committees in Nakuru County to hold a meeting during which the committee members were oriented on the national strategy for health promotion and implementation guidelines for health promotion. In addition, support materials (Fact Sheets, Posters, DVDs on the national Guidelines for Health Promotion) were distributed.

RESULT 3.3: INCREASED ADOPTION OF HEALTHY BEHAVIORS

3.3.2 Expanded high-end interventions for populations made vulnerable by gender and SGBV

The project supported the MOH to conduct CMEs and sensitizations to HCWs, youth, community leaders and CHWs reaching 907 (76% females) individuals. The project facilitated the MOH supervisors to conduct site support supervision and mentorship; distribution of data tools and IEC materials. The project also supported the MOH to conduct therapeutic support group meetings where trauma counselors identified the survivors who accessed police, judicial and other services. In addition, the project worked with the United Nations Trust Fund (UNTF) to form county GBV/HIV committees and developed terms of reference (TOR) for the same. Training was then conducted for the committees and a draft work plan to steer the committees work in GBV/HIV prevention and response developed.

During the quarter under review, a total of 248 (24 males) survivors were attended to compared to 196 (20 males) last quarter. A total of 237 (95.6%) were provided with PEP compared to 173 (88.3%) last quarter. Those who did not receive PEP were not eligible due either to reporting late after (72 hours) or were already HIV positive. A total of 30 survivors inclusive of their parents and guardians attended support group meetings and were provided with psychosocial support to help them cope with the crisis and enhance reintegration into the community. Supervision and mentorship was conducted at 59 facilities across the counties. None of the survivors followed up seroconverted for HIV nor became pregnant.

Baringo County: The project supported MOH staff to conduct SGBV sensitizations, to a total of 63 sub-county/facility HMTs, HCWs and community leaders in Baringo Central and Marigat sub-counties, to equip the participants with knowledge, skills and attitudes towards SGBV prevention and response in the areas. The key concerns raised by the participants were: survivors of sexual violence were charged for the PRC services at the facilities; use of local mechanisms to address sexual violence cases and lack of adequate skills, attitudes and knowledge by the HCWs, police,

and community members in handling SGBV cases. The recommendation drawn by the teams were for the community leaders to sensitize the community members on SGBV and the County and Sub-County HMTs to liaise with the Kabarnet and Marigat facilities to offer free SGBV services. The project with the support of UNTF through LVCT Health supported PRC-OJT to 27 HCWs from seven facilities in Koibatek Sub-County equipping the participants with knowledge, skills and attitudes towards SGBV prevention and response.

Kajiado County: In this reporting period, the project supported the MOH to conduct CME to 30 HCWs in Loitokitok SCH on sexual violence and the law and to update them on management of sexual violence in accordance with the revised national guidelines on Management of Sexual Violence in Kenya. The providers identified referral and linkages from the community, facility, police and judiciary as a gap. A recommendation of a multi-sectorial sensitization with the support of the sub-county RH Coordinator (RHCO) and the project team was made.

Laikipia County: This quarter, the project supported the MOH to conduct SGBV sensitizations and CMEs to 51 HCWs in Laikipia County. From the sensitizations, gaps identified included: lack of revised PRC data tools in the facilities, lack of trauma counselors and lack of GBV forums to enhance referral and linkages of survivors.

The project supported the MOH to establish a therapeutic support group at Nanyuki TRH where 20 female participants including parents and guardians of survivors attended. During the session the participants were taken through the objective, norms, and the importance of maintaining confidentiality. By the end of the session, the participants were able to describe the feelings associated with trauma, explain trauma and abuse and describe the post rape care services available for the survivors of sexual violence in Kenya. The trauma counselor was able to demystify myths associated with trauma and abuse and give facts about sexual violence, trauma and abuse.

Nakuru County: The project supported the MOH to conduct CME to 106 HCWs on clinical management of sexual violence and post exposure prophylaxis at five facilities. The project supported the MOH staff to facilitate therapeutic support group meetings for 30 (28 female) survivors inclusive of guardians and parents at Molo and Gilgil SCHs to disclose and share their traumatic story in detail with another caring person, other than the counselor. Some key issues mentioned by the survivors were: participants fear stigmatization and would prefer not to share their experiences, lack of conducive environment to share and disclose their traumatic experiences.

In an effort to integrate SGBV into the Sister to Sister Evidence Based Intervention (EBI), the project supported SGBV sensitizations to 368 females' students aged between 15-24 years at the National Youth Service. Key concerns raised by the participants were lack of adequate knowledge of SGBV with them asking for a follow-up session for them to be further sensitized. Additionally, the project supported the MOH to conduct SGBV sensitizations to 70 (33 female) community leaders and people with disability (PWDs) as well as a GBV dialogues forum at Naivasha to discuss referral, linkage and follow up of the survivors by the various service providers. Twenty five participants were reached with the sensitizations.

In a session with the judiciary, the Senior Resident Magistrate (SRM) at Molo law court, indicated that a total of 158 cases of SGBV have been filed and 13 cases concluded from July 2013 to July 2014 covering Molo, Kuresoi, Rongai and Njoro sub-counties. The challenges expressed by the magistrate in the prosecution of the cases were interference of the evidence by the perpetrators, police and community members, incomplete documentation by the HCWs, lack of adequate forensic management of evidence by the police and health care providers, agreement between the parties and age confusion and withdrawal of the witnesses from testifying.

Narok County: A SGBV sensitization was conducted for 30 HCWs in Narok North and South sub-counties to equip the participants with knowledge, skills and attitudes towards SGBV prevention and response in their facilities. The key issues were lack of adequate support from the police, providers who have not been sensitized on SGBV due to transfers of those previously sensitized and lack of facility GBV committees. To remedy this situation, it was agreed that a GBV committees are formed at facility level to set-up referral and linkages between the community, police, judiciary and the facility; to address GBV/PRC issues in the facilities and to arrange for the sensitization of HCWs.

The project supported the MOH to facilitate a therapeutic support group meeting in Narok CRH attended by 10 female participants including parents. During the session the participants were taken through a recollection of the trauma and abuse they suffered. The survivors were given an opportunity to share their experiences. From the narration of the experiences, the survivors reported sleeping disturbances including insomnia, poor attention, difficulties in learning, as some of the effects of the trauma. The trauma counselors' reassured them of their support in trying to cope with the trauma and abuse. IECs materials on algorithm for survivors of sexual violence management were distributed during SGBV sensitizations, site support supervision and mentorship to the facilities.

RESULT 3.3: INCREASED PROJECT EFFECTIVENESS THROUGH INNOVATIVE APPROACHES

Koibatek Study Update: During the reporting period, the project continued supporting GIS mapping and use of mobile technology as an innovation aimed at reducing maternal and neonatal mortality at selected sites in three selected CUs in Koibatek and Mogotio sub counties (Emining, Solian and Ngubereti) in Baringo County. The objectives of the intervention is to: increase completion rates of the minimum required four antenatal visits by pregnant women; increase delivery by skilled attendants; increase postpartum care of mothers by health care workers at health facilities.

During the reporting period, it was noted that there was a slow enrolment of ANC clients. The project held a committee meeting with SCHMT Mogotio and Koibatek to assess implementation progress during which the team highlighted that the CHWs were relaxed since there was no support for community strategy. It was agreed that the project will work with select CHW who will receive a stipend based on the number of clients enrolled. Nine CHW were recruited, three from each CU to make a total of 18 CHW. All were supported with mobile phones and airtime. A program officer was hired by the project to be on the ground to support and supervise the intervention on a daily basis.

To improve knowledge and skills in MNCH for the newly recruited CHW, the project in collaboration with MOH Community Strategy Focal Person and Reproductive health coordinators in Mogotio and Koibatek Counties conducted one day orientation for 18 CHW and three CHEWs. Areas of update included: overview of MNCH intervention in Koibatek – Mogotio; feedback on performance since October 2013; introduction to the new ANC/PNC recruitment tools/forms: updates on FANC; updates on mother baby book (PNC); techniques of recruiting ANC clients; and review of data collection tools to cover PNC, FP and CWC sections.

Field visits by the project staff alongside MOH were conducted. So far, 105 mothers have been enrolled, with 45 of them visiting the intervention sites for their ANC clinic while the rest are attending other facilities in the sub counties. All the mothers are receiving relevant messages via short message service. Analysis of the data collected so far is ongoing.

RESULT 4: SOCIAL DETERMINANTS OF HEALTH ADDRESSED TO IMPROVE THE WELL-BEING OF TARGETED COMMUNITIES AND POPULATIONS

4.1.1 Increasing access to economic security initiatives to marginalized, poor and underserved groups

During the quarter under review 11,009 adults and children benefitted from household economic strengthening (HES) interventions compared to 7,811 reached last quarter bringing the total number reached in FY 2014 to 21,820 (87% of the annual target). During the quarter, the project supported 651 HHs to initiate various IGAs while 201 HHs were linked to MFIs for financial support. The project also reached 222 caregivers with financial literacy aimed at improving their business management skills. Fifty eight new Savings and Internal Lending Communities (SILC) groups were formed bringing the total number of groups to 716. Ninety seven SILC groups conducted share out at the beginning of the quarter and had not re-grouped for subsequent cycle thus the active SILC groups were 619 against annual target of 604. The groups had cumulative savings of Ksh. 33,639,332 compared to Ksh. 26,339,389 reported in the previous quarter. A total of 8,918 households participated in SILC compared to 9,089 HHs reported in the previous quarter. A total of 21,233 OVC (49% males) benefitted from SILC compared to 24,873 OVC reported in quarter three. The benefits included payment of schools fees, scholastic materials and provision of food by their caregivers who participated in SILC. Below are detailed county specific achievements:

Baringo County: During the reporting period, the project reached 558 adults and children with HES activities against a quarterly target of 815, bringing the total reached in the year to 1,242 (45 % of the annual target). During the quarter, seven new SILC groups were formed. Three groups were under training while five groups shared out bringing the cumulative number of active SILC groups to 25 compared to 38 in the last quarter. Five groups shared out and were yet to re-group for next cycle while eight groups had disbanded due to various reasons including relocation of members. A total of 461 members (80 females) from 327 households were actively participating in SILC and 1,269 OVC (40 males) benefitted during the period. From the SILC loans, majority of caregivers initiated or sustained their IGAs thus were able to improve HH income to better provide for their children. In particular, the project supported 289 OVC households to initiate income generating activities (IGAs) and linked 19 households to Micro-financing Institutions (MFI) for credit and all have accessed loans and invested in their various businesses. The cumulative savings for SILC groups reduced to Ksh. 670,581 from Ksh. 1, 527,983 in the previous quarter because of the share outs. During the quarter, four OVC were linked to job opportunities, 23 OVC (70% males) were reached with business skills training while five received start up kits. Cumulatively, 207 households were reached with financial literacy.

Kajiado County: During the quarter under review, 1,060 adults and children were reached with HES activities bringing the total reached in the year to 2,703 (77% of the annual target). In addition, fourteen (14) new SILC groups were formed bringing the total number of active groups to 208. The cumulative savings stood at Ksh. 6, 091, 711 compared to Ksh. 5,651,622 in the previous quarter and loans of Ksh. 5,829,333 compared with Ksh 4,760,534 reported last quarter. A total of 8,292 OVC (49% males) from participating HH benefitted from SILC activities.

The participation of caregivers in SILC enabled them access cheap credit facilities which they used to boost their small businesses and provide basic needs for their children. The project supported 104 Life POA clubs with a membership of 2,349 (49% males). As a result of Life POA activities, 278 children opened bank accounts with support from their parents/guardians and started saving.

The participating children learn money management skills and specifically the good and bad sources of money and the importance of saving to meet goals in life.

Laikipia County: During the quarter, 996 adults and children were supported with HES initiatives bringing the total to 6,779 (against annual target of 2,008) supported in the year. The annual achievement resulted from enhanced support for HHs to initiate IGAs and agribusiness initiatives. Eight (8) female vocational training graduates were provided with startup kits to enable them start small businesses in salon and dress making. Additionally, eight HHs initiated soap making business. The project collaborated with MOA, Caritas Disaster Management Rehabilitation and Shalom Cannan projects to support 208 HHs with 2,300 litre capacity water tanks and dam liners (the latter for those who opted for a dam). In addition, 336 HHs were supported to start IGAs while 142 caregivers were linked to MFIs. The number of active SILC groups this quarter stood at 22 compared to 29 reported in previous quarter while the number of HHs participating in SILC was 302 compared to 398 HH reported last quarter. The reduced number of HHs participating in SILC was due to share-out activities and delayed re-grouping for next cycle. The cumulative savings was Ksh. 506, 535 compared to Ksh. 1,355,214 reported last quarter. The SILC activities benefitted 717 (49% females) OVC compared to 953 OVC last quarter. The participation of caregivers in SILC enabled them access cheap credit facilities which they used to boost their small businesses and provide basic needs for their children.

Nakuru County: During the quarter 4,578 (79% females) adults and children received economic strengthening support against a quarterly target of 4,025. Cumulatively, 8,669 adults and children received HES support against annual target of 8,250. Eleven new SILC groups were formed within the quarter bringing the total active groups to 181 with 3,893 HH benefiting 8,004 OVC (51% males). The cumulative savings for the groups was Ksh. 8, 602,232. As a result of SILC, 14 caregivers in Naivasha borrowed loans and paid school fees for 26 OVC, five caregivers borrowed and bought scholastic materials for their children while three caregivers used their loans to buy solar panels for home lighting so that the children could get uninterrupted opportunities to study in the evening.

In addition, the project trained 70 HHs with 61 females and 9 males on agribusiness and record keeping. Thirty seven new HH received and started rearing chicken, while three support groups with 41 members in Nakuru Central and Rongai Sub Counties who had received 600 chicks in quarter three continued to run their poultry project benefitting 320 OVC as a result of improved nutrition. Twenty three caregivers were linked to MFIs during the reporting period.

Nandi County: During the quarter under review, the project reached 542 adults and children with HES activities against a quarterly target of 815, bringing the total reached to 1,461 (37 % of annual target). Nineteen new SILC groups were formed during the quarter bringing the total number of active groups to 82 comprising of 275 HHs with 890 OVC (51% females). The cumulative savings was Ksh. 10,073,233 compared to Kshs11, 794,723 in the previous quarter. In addition, 29 OVC HH initiated IGAs, 17 caregivers were linked to MFIs to access credit for business, 25 OVC (48 % males) were reached with vocational training skills, 44 OVC (48% males) linked to job opportunities, 53 OVC (49% males) were reached with business skills training while 9 OVC (5 males) received start up kits which included sewing machines, tailoring materials and mechanical tool kit. Cumulatively, 694 households have so far been reached with financial literacy, 204 households linked to various MFIs in the county while 528 households were supported to initiate IGAs this year.

Narok County: During the quarter, the total number of adults and children reached with economic strengthening initiatives was 3,275 (73% of the annual target). Seven new SILC groups were formed bringing the total number of groups to 101 with a membership of 1,375 HHs. The net saving

stood at Ksh. 7, 695,040 compared to Ksh. 4,427,083 last quarter. Seven SILC Agents were trained as private service providers (PSP) and started the process of introducing the model to the existing groups. In addition, 20 SILC groups against a target of 15 were trained on business skills to enable the members enhance financial management skills and record keeping for the SILC groups.

4.1.2 Improving accessibility to local markets by eligible households for revenue generation and sustainability

During the quarter, 498 HH were linked to local markets compared to 303 HH reported last quarter thus bringing the total linked in the year to 906 (91% of annual target). In collaboration with Ministry of Agriculture, Livestock and Fisheries (MOAL&F), the project provided mentorship to all the 30 support groups who were supplied with greenhouses. The members were mentored on organic farming with a view to promote sustainable eco-friendly agricultural practices.

Through the Agriculture Sector Development Support Program (ASDSP) under the Ministry of Agriculture, Livestock and Fisheries, the project facilitated a value chain development assessment for ten support groups in Nakuru County. The assessment established that nine (9) out of the 10 groups assessed had legal status and potential for value chain development. The report also outlined major opportunities and proposed value chain development interventions specific to each of the groups which the project will support them to implement in the subsequent quarter. Below are detailed county specific achievements:

Baringo County: During the quarter, the project continued to support the 229 HH previously linked to commodity markets. Out of these, 69 milk producers from two support groups successfully secured membership with a cooperative society and started selling milk. The project collaborated with MOAL&F, to mentor greenhouse group members on organic farming aimed at improved capacity on sustainable agriculture.

Kajiado County: The project linked 62 HH to local markets bringing the total to 155 against the annual target of 140 to enable them sell their produce from the greenhouses. The project also supported trainings in value addition and soap making where 62 caregivers participated. Five out of the six greenhouses started harvesting tomatoes and 300 OVC from 140 HH benefited from the proceeds. The caregivers who participated in greenhouses took home part of the harvests for family consumption thus improved nutrition support for the children.

Laikipia County: During the reporting period, the project continued to strengthen the capacity of 205 caregivers from six support groups who man the greenhouses in the county. The support groups received technical assistance from the project and MOAL&F Extension Officers. All the groups were trained on record keeping and organic farming. Previously, the groups had been linked to Nakumatt Nanyuki, British Army Nanyuki, a Conservancy Ranch and local open farmers markets for sale of the tomatoes and vegetables. In addition, 33 HHs with dairy goats started selling milk to local consumers at community level. The proceeds from the sale of goat milk enabled them to provide for their families through increased HH income.

Nakuru County: In partnership with Agriculture Sector Development Support Program (ASDSP) under the MOAL&F, the project facilitated capacity assessment of 10 groups for value chain development in Nakuru County. The assessment report outlined recommended value chains for the groups and efforts will be made in subsequent quarter to implement the plans. The project also facilitated capacity building for leaders of 11 support groups comprising of 423 members previously supported with greenhouses to adopt organic farming for sustainable agriculture. The support groups harvested 538 kilos of tomatoes from the greenhouses and earned Ksh.33, 480

during the quarter. Some support groups were preparing for the second planting session. During the quarter, 10 new HH were linked to various commodity markets.

Nandi County Summary: During the quarter under review, the project linked 25 HH to commodity markets bringing the total linked to 37 HH against an annual target of 160. The 25 (84% females) support group members supporting 141 OVC were linked to the Nandi County Government and sold 30,000 tree seedlings for Ksh. 110,000. The seedlings were planted in the neighboring schools and dispensaries.

Narok County: During the period under review 378 HH against the quarterly target of 400 were linked to various markets to enable them sell their goods profitably. The two greenhouses continued to produce tomatoes worth Ksh.58, 000 during the quarter. The funds have been used to meet the cost of group expenses and one group has paid school fees for three school girls from the same funds. In collaboration with the MOAL&F, 67 (64% females) members were trained on modern farming techniques.

4.2.1 Increased food security, improved nutrition and sustainable livelihoods amongst the target groups

During the quarter under review, the project reached 24,762 HH with food and nutrition education bringing the total reached in the year to 27,787 against an annual target of 20,000. A total of 1,232 kitchen gardens were established bringing the total established this year to 7,891. The kitchen gardens at HH level contributed to sustained availability of vegetables, onions and tomatoes thus improved nutrition for family members. In addition, the project supported MUAC assessments for 2,728 children (48% males) of whom 120 (50% males) were severely malnourished and were referred to various health facilities for further management. Below are detailed county specific achievements:

Baringo County: During the quarter under review, the project reached 50 HH with food security initiatives bringing the total HH reached in the year to 2,237 against the annual target of 2,200. Three out of the five greenhouses in the county continued producing tomatoes in the quarter and sold for Ksh. 30,480 benefitting 46 HH. In addition, 320 new kitchen gardens were established bringing the total number of households with kitchen gardens to 1,706.

The project reached 6,323 OVC (51 % males) with health and nutrition education, 2,729 OVC (52 % males) were provided with nutrition counseling while 283 OVC (50 % males) were assessed using MUAC, out of whom eight OVC were found severely malnourished and were referred to health facilities for further management. In addition, 30 pupils participated in Junior Farmer Field Life Skills (JFFLS) activities at school and replicated the skills at home.

Kajiado County: The project supported 275 HH with food and nutrition education bringing the total supported to 4,874 in the year against the annual target of 2,800. The annual performance was because of orientation for CHVs on nutrition education and counseling which enabled them to provide quality services to the HHs. A total of 83 new kitchen gardens were established during the quarter bringing the cumulative number of kitchen gardens established in the year to 695. The availability of kitchen gardens at HH level contributed to increased access to vegetables, onions and tomatoes thus improved nutrition.

Laikipia County: During the quarter under review, the project reached 2,666 HHs with food and nutrition education bringing the total reached in the year to 3,705 against the annual target of 1600. The project surpassed annual target because nutrition education targeted all HHs thus CHVs were able to reach 87% of all HHs in the county. The HHs were supported to increase food security and

nutritional status through education on kitchen gardening, nutritional counseling and better farming methods.

A total of 135 HHs established new kitchen gardens bringing the total annual achievement to 1,486 kitchen gardens. The project conducted sensitization for teachers from three primary schools on the establishment of JFFLS. As a result, one JFFLS club was formed with a membership of 31 children (48% males). Another JFFLS club comprising of 28 children (46% males) had a fish pond set up through the MOAF&L. The club is expecting fingerlings to be delivered by the department in October 2014. Further, a total of 69 HHs benefited from drip kits supplied by the project and Caritas Disaster Management Rehabilitation project.

The project collaborated with MOAF&L to train 144 caregivers on post-harvest management. The county is generally semi-arid and farmers needed the knowledge on food preservation in order to last longer. The training equipped them with knowledge and skills necessary for managing harvests for sustainable livelihoods.

In addition, the project facilitated an integrated health action day in collaboration with the MOH during which, 156 OVC (72 males, 84 females) received nutritional assessment out of whom 19 (63% females) were found to be severely malnourished and referred to Nanyuki DH for management.

Nakuru County: During the reporting period 10,343 HH were reached with food and nutrition education compared to 9,500 HH in quarter three bringing the total to 10,357 HH in the year. A total of 331 HH established kitchen gardens during the quarter under review bringing the cumulative number of HH with kitchen gardens to 3,535 in the year. The kitchen gardens contributed to sustained availability of vegetables, onions and tomatoes at HH level thus improved nutrition for family members.

In addition, the project supported MUAC assessment for 2,165 children (47% males) out of whom 85 OVC (45% males) were found to be malnourished and were referred to the health facilities for management. 148 Individuals (86% females) were trained on kitchen garden techniques to help them enhance food security, nutrition and economic empowerment. In addition, 61 households received drip irrigation training of which 30 households started irrigation farming contributing to a total of 89 households practicing irrigation farming.

Nandi County: During the reporting period, the project reached 1,670 HH with food and nutrition education bringing the total reached to 1,967 HH against the annual target of 3200. A total of 309 new kitchen gardens were established bringing the total to 1,521 established in the year. The kitchen gardens contributed to increased access to vegetables, onions and tomatoes at HH level thus improved nutrition for family members. The project reached 4,378 OVC (45% males) with health and nutrition education and provided nutrition counseling to 1,886 OVC (49% females). A total of 124 OVC (51% females) were assessed using MUAC and 8 OVC (62% males) who were malnourished were referred to health facilities for further management.

Narok County: During the reporting period, 3,247 HH received food and nutrition education bringing the total number of HH supported in the year to 4,647 against the annual target of 3,600. During the quarter, 54 households established new kitchen gardens bringing the total to 849. The kitchen gardens contributed to availability of vegetables, onions and tomatoes thus improved nutrition for family members. Twenty two caregivers were trained on drought resistant crops to enable them improve on food security by planting fruits and vegetables across the seasons. The project facilitated support supervision for five JFFLS clubs with membership of 179 (54% males) members.

4.3.1 Increased access to education, life skills and literacy initiatives for highly marginalized children, youth and other marginalized populations

The project continued to provide educational support including payment of school fees for both secondary and vocational training, school uniforms, scholastic materials, and sanitary towels to OVC to increase access to and retention in school. A total of 21,268 OVC (49% males) compared to 19,998 last quarter received needs based education support. Cumulatively the project provided 38,029 OVC with education support (76% of the annual target). A total of 3,237 OVC who benefited from educational support this quarter had also been served in the previous quarters. As a result of project support, 91% of active OVC accessed school at various levels during the quarter. Among the 2,730 OVC (51 female) who sat for Kenya Certificate of Primary Education (KCPE) in 2013, 2,382 (87%) transitioned to secondary school (84%) and vocational training (3%). Of these 56% were female. A total of 29 OVC who joined secondary school received full sponsorship from Equity Wings to Fly (FUNZO), 226 were supported by various GOK bursaries and 150 received sponsorship by private partners as shown in the Table 3 below

Table 3: School Transition Rates 2013/2014 and scholarships

County	# of KCPE Candidates 2013	# Transitioned to secondary schools	# Joined Vocational training	# Repeated Class	# Sponsored by Equity Wings to Fly (FUNZO)	# Supported by GOK bursary	# Supported by other private partners bursary
Baringo	313 (54%F)	264 (84%F)	18	29	1	21	12
Kajiado	572 (52% F)	499 (45%F)	24	28	16	39	19
Laikipia	273 (61%F)	233 (53%F)	17	14	2	59	78
Nakuru	1113 (51%F)	893 (62% F)	3	6	8	71	4
Nandi	242 (42%F)	213 (41%F)	9	9	1	22	6
Narok	217 (40%)	201 (45% F)	8	8	1	14	31
Total	2730 (51% F)	2303 (56% F)	79	94	29	226	150

The project continued to support the financial education for youth in school through the Life POA clubs. Total of 5,272 youths participated in Life POA sessions out of whom 1,522 opened and now operate savings accounts with Post Bank. Below are detailed county specific achievements:

Baringo County: During the quarter under review, the project provided educational support to 1,316 OVC (49% males) bringing the total served in the year to 2,066 OVC against the annual target of 5,500. The project did not meet the annual target due to improved adherence to need based service provision criteria which ensured that only most vulnerable OVC benefited. Among those served in the quarter, 151 OVC (51 % males) were supported with school fees including two who benefited from the Presidential Award Fund. A total of 662 OVC (45% males) who are participating in JFFLS and Life POA activities were reached with life skills and financial education messages. As a result of the Life POA financial education, ten children had opened bank accounts and saved between Ksh. 800 and 2000. In addition, the project collaborated with other stakeholders to support 37 OVC (41% males) with solar lamps to aid them in evening studies, 157 OVC (43% males) were enrolled back to school, 12 girls were supported with sanitary towels, 85 OVC (58 % males)

received scholastic materials, 311 OVC (51% males) were supported with school levies while 17 OVC (59 % males) were supported with school uniforms. As a result of project support, 93% of OVC in the county were attending school at various levels.

Kajiado County: During the reporting period, the project provided educational support to 5,535 OVC (35% males) bringing the total number of OVC served in the year to 8,534 against the annual target of 7,000. Through project support, 87% of active OVC in the county were attending school at various levels within the period. A total of 3,312 OVC (51% males) received school uniforms during the quarter. A total of 287 girls benefitted from sanitary towels bringing the total of girls supported in the year to 1,229 girls. Two vocational graduates secured gainful employment while the others are involved in casual or contractual jobs including hairdressing, electrical installation and dress making. On Life POA, an additional 46 clubs were formed bringing the total to 104 clubs with a membership of 2,349 (49% males). The clubs teach children the importance of savings early and teach them financial literacy skills. Cumulatively, 278 children have opened bank accounts and are saving. Majority of the participants were yet to reach the module where they learn about ‘my bank’ in order to open accounts.

Laikipia County: During the quarter under review, the project served 3,919 OVC (44% males) with education support compared to 4,573 served last quarter. Cumulatively, the project has served 6,602 OVC with education support since October 2013 (165% of target). The project supported 83 OVC (37 males, 46 females) with partial secondary school fees; 29 OVC (8 males, 21 females) were linked and received school fees from CDF and 24 OVC (50% males) with vocational training fees. In addition, the project provided 25 OVC with scholastic materials. The project also facilitated an integrated health action day during which academic performance appraisal was done for 81 OVC (29 males, 52 females). During the assessment, each child benefited from guidance and counseling for improved performance. The education support for OVC in the county significantly contributed to school access by 93% of active OVC within the period.

Nakuru County: During the quarter under review, 6,117 OVC (51% females) received education support bringing the total to 12,478 since October 2013. The project provided the following support; school uniforms for 69 OVC, secondary school fees for 837 OVC, scholastic materials for 243 OVC and sanitary pads for 288 girls. During this reporting period, 88% of active OVC were in school at various levels.

In partnership with Save the Children International and MOE, 1,129 new youth were reached with Life POA financial education bringing the total to 2,923 youths ever reached with financial education. 56 youth opened savings accounts during the quarter, bringing the total to 1,244. To date 2,122 youth from 84 clubs have completed Life POA sessions. The rest of the participants were yet to learn the module on ‘my bank’ after which they will be expected to open accounts.

Nandi County: The project reached 1,092 OVC (42 % males) with education support bringing the number of OVC served in the year to 2,221 which is 28 % of the annual target. Out of the total served in the quarter, 65 OVC (43 % males) were supported with school fees, 14 received sanitary towels while 21 OVC (81 % males) received scholastic materials. The project facilitated career guidance and counseling session for 10 OVC who will be joining college later in the year. Additionally 1,175 OVC (43% males) participating in JFFLS clubs were reached with life skills education. During the reporting period, 92% of active OVC in the county were attending school at various levels.

Narok County: The project supported 3,489 OVC with education support against a quarterly target of 3,000. This translates to 6,128 (68%) annual achievement. The project did not meet the annual target due to improved adherence to need based service provision criteria which ensured that only

most vulnerable OVC benefited. 258 (51% females) OVC were supported with school fees. In addition 970 girls were supported with sanitary towels. During the quarter, 93% of active OVC were accessing school at various levels.

4.4.1. Enhanced access to improved water supply and sanitation (water, sanitation and hygiene)

The project reached 10,404 OVC HH with Water, Sanitation and Hygiene (WASH) education messages compared to 14,661 reached last quarter. This brings the cumulative number of HHs reached with WASH messages in the year to 32,052 OVC HH (100% of annual target). The success in delivery of WASH messages was due to the fact the project provided WASH counseling cards to all the CHVs that aided them to deliver accurate messages to the HHs. Out of the 32,052 reached with WASH messages, 7,884 OVC HH were reached twice. As a result of WASH interventions, 3,733 HH treated drinking water bringing cumulative number of HHs treating drinking water to 18,068 (81%) against annual target of 22,400. A total of 11,402 HH had functional latrines bringing the cumulative number of HHs with functional latrines to 18,150 (71% of the annual target). This translates to 57% coverage among OVC HHs. During the quarter, 2,382 HH established hand washing facilities bringing the total in the year to 9,678 (43% of the annual target). Below are detailed county specific achievements:

Baringo County: During the period under review, the project reached 970 HH with WASH messages against the quarterly target of 880 bringing the cumulative achievement this year to 2,213 against annual target of 3,520. The under-performance is due to an increase in number of new HHs recruited late in the quarter and also delayed orientation of some CHVs on WASH. A total of 469 HH treated drinking water bringing the cumulative achievement this year to 2,532 (103%) against annual target of 2,464. On hand-washing facilities, 227 HH established tippy taps against a quarterly target of 880, bringing the cumulative achievement to 623 (25%) against an annual target of 2,464. In addition, 14 HH established new latrines bringing the cumulative achievement this year to 147 (5%) against an annual target of 2816.

Kajiado County: During the quarter under review, project reached 966 HH with WASH education messages bringing the total reached this year to 2,809 HH against annual target of 4,480. As a result, 722 HH treated drinking water bringing the cumulative number in the year to 3,510 against annual target of 3,136. In addition, 1,084 HH established latrines bringing the total number of HHs with functional latrines to 4,961 (138%) against annual target of 3,584. This translates to 86% coverage among OVC HHs. A total of 537 HH established hand washing facilities bringing the total to 4,249 this year against annual target of 3,136.

Laikipia County: During the quarter under review, 620 HHs (74%) out of quarterly target of 840 received WASH messages. The total number of HH reached this year stood at 2,780 against annual target of 2,571. As a result of WASH education, 261 HH installed tippy taps bringing total this year to 1,391 (78% of the annual target). A total of 78 HHs established new latrines bringing the total to 1,409 HH (69% of the annual target) and translating to 33% coverage among OVC HHs. Sixty three (63) HHs received water guard for treating drinking water bringing the total to 901 HH (50% of annual target) who treated drinking water at point of use.

Nakuru County: During the reporting period, the project reached 4,816 HH with Water, Sanitation and Hygiene (WASH) education messages bringing the total reached in the year to 8,322 HH (79% of annual target). The under-performance is due to increase in number of new HHs recruited late in the quarter and also delayed orientation of some CHVs on WASH. The messages provided included proper waste disposal, proper usage of toilets, hand washing, water treatment and establishment of tippy taps. As a result of WASH interventions, 425 household established new hand washing facilities bringing the total number of households with hand washing

facilities to 1,612 households out of 7,392 annual target. A total of 722 HHs treated drinking water bringing cumulative number of HHs treating drinking water to 8,114 against annual target of 7,392 households. During the quarter no new latrines were established. The total HH with functional latrines in the year were 8,916 against target of 8,448.

Nandi County: During the period under review, the project reached 867 OVC HH with WASH messages against the quarterly target of 880 bringing the cumulative achievement this year to 1,476 against annual target of 5,760. A total of 233 HH started treating drinking water bringing the cumulative achievement from October 2013 to 864 (24%) against annual target of 3,584. On hand-washing facilities, 417 HH established tippy taps against a quarterly target of 1,280, bringing the cumulative achievement to 975 (27%) against an annual target of 3,584. The under-performance was attributed to slow buy in most caregivers. In addition, five HH established latrines bringing the cumulative achievement this year to 1156 (28 %) against an annual target of 4,096. The achievement means that 51% of OVC HHs have sanitation facilities in the county.

Narok County: During the quarter under review, 747 households received WASH messages against the quarterly target of 1,280. Cumulatively a total of 5,062 were reached with WASH messages in FY 2014. A total of 1,305 HHs established new latrines against a quarterly target of 1,152 bringing the cumulative total to 1561 in the year against an annual target of 4,608. This brings the coverage of OVC HHs with sanitation facilities to 31%. In addition 1,524 treated drinking water during the quarter bringing the total number of households treating water to 2,147 (53% of annual target). Finally, 515 households established hand washing facilities against quarterly target of 1,008 bringing the cumulative households this year to 4,032.

4.5.1 Increased access to quality protective services to survivors of sexual assault, child maltreatment and children without adequate family care

During the quarter under review, 79,830 OVC (97%) of the 82,406 active OVC were served with various services. A total of 60,761 (76%) of the OVC served received 3 or more services while 19,069 (24%) received one or two services. Cumulatively 83,485 OVC were served in the year, which is 93% of the annual target of 89,600. The reason for the shortfall in meeting the target is attributed to the exit of 6,604 OVC within the year of which 1,546 had not been replaced by end of the reporting period while 3,969 were not served because they were recruited towards the end of the reporting period.

During the quarter, the project reached 78,467 OVC (51% males) with health and nutrition services. In addition, as shown in the graph 9 below, the project supported 5,006 OVC to access HTC services bringing the cumulative number of active OVC tested for HIV to 71,035. Ninety nine percent of the HIV positive OVC were linked to facilities for care and treatment by the end of the reporting period.

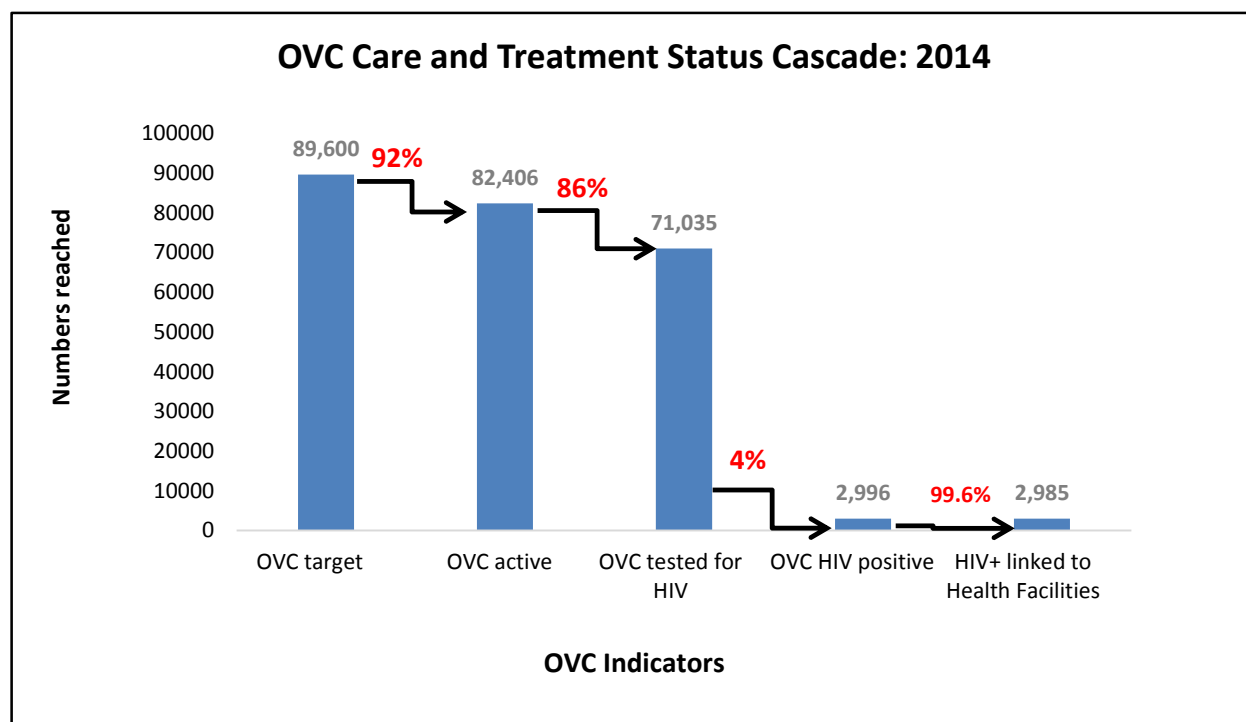


Figure 9: OVC care and treatment status

A total of 38,338 OVC (51% males) benefited from protection services, of these 627 OVC acquired birth registration certificates within the quarter. A total of 2,158 OVC received birth certificates within the year bringing the cumulative number of OVC with birth certificates to 34,260 (42%). Additionally, 76,813 OVC (49% males) received psychosocial support while 42,308 OVC (49% males) received shelter and care interventions. The project further facilitated capacity building for 20 quality improvement teams (QITs) and partner project staff. The three day training which was conducted in all the counties benefited 120 participants. In total the project supported 40 QITs at various stages of implementation. The purpose of the three days training was to increase the number of trained QIT members in order to improve their understanding of Quality Improvement and participation in developing and implementing change ideas. As a result of Quality Improvement efforts in Kajiado County, three men accused of defilement were convicted and jailed for seven years each. In Laikipia County, one QIT managed to mobilize resources from well-wishers and CDF and leveraged school fees for 55 OVC. Below are detailed county specific achievements:

Baringo County: During the quarter, the project served 7,421 OVC (89% of county target) with various services; 5,490 OVC received 3 or more services while 1,931 OVC received 1 or 2 services. Cumulatively, the project served 7,785 OVC (93% of COP target set for the county). In collaboration with MOH, the project leveraged insecticide treated mosquito nets to 2,769 OVC (52 % males) and facilitated treatment for minor illnesses among 1,029 OVC (52 % males). The number of OVC who knew their HIV status this quarter were 172 OVC (51 % males) bringing the total number of OVC with known HIV status to 6,717 (81% of the county COP target). Of these 341 are HIV positive with 314 (92%) of them linked to care and treatment in various health facilities. During this reporting period, the project collaborated with the Children's department to train 15 members of LAAC and 29 members of Quality Improvement Teams on Quality Improvement (QI). Eleven HH were linked with NHIF and registered as part of health insurance.

The project also reached the following OVC with various services; 7,291 OVC (51% males) with psychosocial support; 3,603 (52% males) with shelter and care, 4,438 with protection and 868 OVC (52 % males) with information on child rights. Ten OVC households were linked to GoK cash transfer program and 187 OVC received birth certificates during the quarter bringing the total received this year to 232.

Kajiado County: During the quarter under review, the project served 14, 779 (97%) OVC out of 15,161 active OVC with various services. 382 OVC were not served because the HH relocated and migrated in search of pasture. Cumulatively, the project served 15,567 OVC (93% of target set for the county). Out of the OVC served during the quarter, 11,172 (76% of the active OVC) were served three or more services while 3,607 OVC received one or two services. In collaboration with MOH 226 OVC below five years of age were given vitamin A supplements and deworming tablets. A total of 11,813 (50% females) were reached with health education messages to promote positive behavior change and good hygiene practices. The project also supported treatment of minor ailments for 20 OVC who could not afford to cater for their hospital bills.

In addition, 38 HH were mobilized and acquired NHIF membership bringing the total this year to 556. During the quarter, additional 36 HH were enrolled in the Government Cash Transfer (CT) program bringing the total HH to 92. The project distributed TOMS shoes to 14,420 (49% males) OVC bringing the total reached with shelter and care services to 14,582. During the quarter, the project facilitated training for members of quality improvement teams (QITs). The QITs addressed various issues ranging from child abuse, neglect, exploitation, forced labor, and early marriages among the young girls. From the cases reported to the local authorities, three men accused of defilement were convicted and jailed for seven years each.

Laikipia County: During the quarter, the project served 9,787 OVC (97% of active OVC) with essential services. Among the OVC served, 8,719 OVC received three or more services while 1,066 received one or 2 services and 258 were not served. Cumulatively, the project served 10,009 OVC (94% of target set for the county). The project continued to enhance efforts at increasing acquisition of birth certificates. A total of 199 OVC received birth certificates bringing the total to 1,294 OVC served within the year and cumulatively to 4306 OVC with birth certificates (43%). Overall 3,134 OVC received protection services which included awareness on child rights and responsibilities and legal assistance. The number of OVC served with HTC service within the quarter was 930 (52% females). Cumulatively, the number of active OVC living with HIV was 318 (52% males) and 100% were linked to health facilities for care and treatment.

During the period under review, the project also reached 9,346 OVC (49% females) with PSS services including guidance and counseling. The project provided TOM shoes to 8,683 OVC (49% females) and an additional 131 OVC (51% males) benefited from shelter renovation, beddings and some were placed under foster care with relatives due to the fact they lacked adequate caregiving. The project also supported capacity building sessions for members of two QITs in Laikipia East. The training was aimed at building their capacity in implementing QI interventions for OVC. The three day training which was co-facilitated by URC-Assist reached five (60 females) partner staff and 14 (64% females) QIT members.

The project supports five QITs in the county. Through the efforts of the QIT at Daiga in Laikipia East Sub-County, the project linked 30 OVC with CDF where each received support with school fees worth Ksh. 4,000. The team also initiated other resource mobilization efforts which secured support with scholastic materials for 25 OVC.

Nakuru County: During the quarter 30,327 OVC (98 %) of the 31,026 active OVC in the county were served with various services. Of those served, 23,488 OVC (77%) received 3 or more services

and 6,839 OVC (23%) received one or two services. Cumulatively, the project served 31,827 OVC (93% of target set for the county). The sustained improved performance is attributed to continuous supervision of OVC monitoring. Out of the 31,026 active OVC, 30,153 (97%) did not have birth certificates at enrolment. During the quarter, 649 (54% females) acquired birth certificates bringing the total number of OVC with birth certificates to 16,499 (53%) out of the 31,026 active OVC. This shows 11% increase in the number of OVC with birth certificates from last quarter. This is attributed to community mobilization and sensitization meetings and birth registration outreaches.

During the reporting period, 3,215 OVC (53% females) were tested for HIV bringing the cumulative number of active OVC tested for HIV to 28,155 (91%) of the 31,026 active OVC. This shows a 5% increase of OVC tested from last quarter. Out of the 1,186 active OVC who are HIV positive, linkage to care is 98%. Other OVC services provided during the quarter included psychosocial support, health care, protection and shelter and care services. A total of 17,630 received TOM shoes, 521 OVC were referred to health care facilities for treatment and 29,025 OVC received psychosocial support and care services. During the quarter, 35 new HH were linked to Cash Transfer bringing the total to 501 households that support 1,656 OVC. Further, 67 new HH were linked to NHIF bringing to the cumulative number of HH with NHIF cover to 1,344 households (11%) with 4,731 OVC in the year.

The project continued to support 16 QITs during the reporting period. Five QITs were trained on QI for three days reaching 48 members. The QITs addressed among other areas education, legal protection, shelter and care and food and nutrition. In Naivasha, two QI teams addressing education established from the assessment that parents were not keen on the performance of their children. The QITs mobilized parents and held meetings with the school administrators and engaged with parents to take up their primary role in the education of their children beyond payment of school fees or provision of scholastic materials. In addition, one QIT rescued five girls from abuse and neglect and reported the cases to the Sub County Children Officer. The cases are ongoing in court. Three QI teams addressing food and nutrition were able to promote establishment of kitchen gardens. In addition, the Bondeni location QIT followed up 23 OVC (33%) who had low scores in nutrition and growth and 37 OVC households (53%) with low scores in food security domain during the baseline CSI conducted in August 2012.

The end line CSI results in nutrition and growth scores showed that only one OVC had a bad score, an improvement from 33% to 99%; whereas in the food security domain, 18 OVC households that were previously food insecure had become food secure. This represents a 26% reduction from 53% to 27% of OVC households that are food insecure.

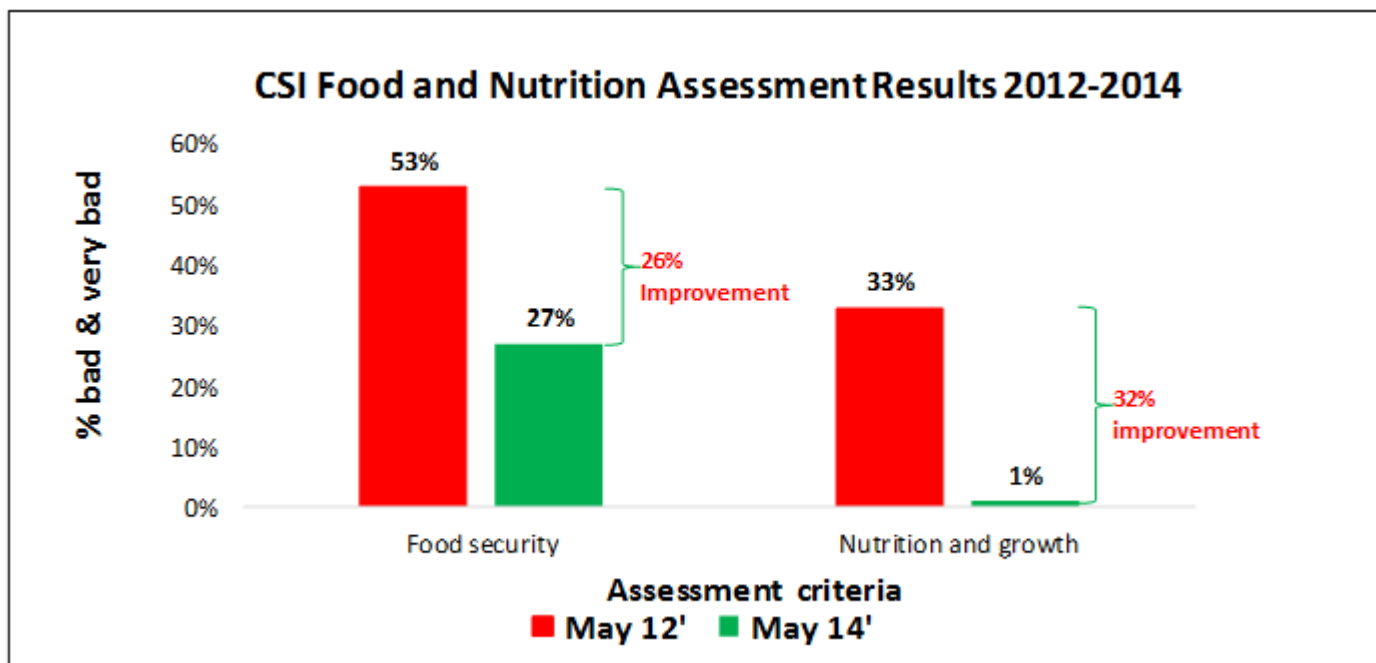


Figure 10: CSI food and nutrition assessment results

These positive outcomes are attributed to change ideas the QIT implemented which included conducting assessment for identification of malnourished cases and food insecure households; nutrition education and counseling to promote nutrition knowledge at the household level; strengthening referrals and linkages with partners to enhance leveraging for support. Bondeni QIT is currently focusing on improving education, child protection service and food security service areas that were identified as priority areas that needed improvement in the second phase from the end line CSI, as well as maintaining the quality of all the other OVC services.

Nandi County: During the quarter, the project reached 6,076 (95% of active OVC) with various services based to need. Of those served, 1,471 OVC (24% received 1 or 2 services while 4,605 OVC (76%) received three or more services. Cumulatively, the project served 6,408 OVC (99% of target set for the county). A total of 233 OVC (53% males) received birth certificates bringing the total number of OVC with birth certificates to 1,668 (26%). The project reached 3,220 (51 % males) with psychosocial support during the quarter. A total of 4,142 OVC (50% males) received TOM's shoes bringing the total number of OVC reached with shelter and care support in the year to 5,653. The project facilitated treatment for minor illnesses to 1,297 OVC (50% males) and vitamin A supplementation to 134 OVC (48% males) under the age of five years.

A total of 121 OVC (45% males) were counseled and tested for HIV and 14 OVC (36 % males) turned HIV positive bringing the cumulative number of OVC with known HIV status to 5,707. Cumulatively, 387 OVC were HIV positive and 100% were linked to facilities for care and treatment.

The project reached 2,613 OVC (51% males) with age appropriate information, provided child rights information to 516 OVC (52% males), supported 1,608 OVC (50 % males) to access legal assistance and rescued a total of 23 OVC (74% males) from abusive environment. The quarter under review also saw 953 OVC (52% males) being linked to adult caregivers to ensure they accessed adequate care giving because majority were living with very old and incapacitated caregivers. Through networking and leveraging of resources, 43 OVC (50% males) received mattresses whereas 71 OVC (48% males) received blankets bringing the total served with shelter and care services to 2,494 (50% males).

Narok County: During the quarter, the project served 11,442 OVC (53% males) with various services which was 95% of the active OVC within the quarter. Cumulatively, the project served 11,871 OVC (94% of annual target set for the county). Out of the number reached with services, 7,287 OVC (61%) received three or more services while 4,155 OVC (34%) received one or two services. Of the active OVC, 553 (5%) were not served because of temporary migration in search of pasture. During the quarter 163 (85% females) OVC were supported to acquire birth certificates bringing the total number of OVC with birth certificates to 2,772 (23%) and those reached with protection services in the year to 6,573 (47% females). A total of 124 (70% females) OVC were supported with home clothing bringing the total served with shelter and care services to 4,442 (53% males).

During the quarter 2,575 OVC were tested for HIV bringing the total number of OVC tested in the year to 3,539 and ever tested in the county to 10,432 (75% of active OVC). Among the OVC tested 191 were HIV positive and 100% were linked to facilities for care and treatment. The project will increase HTC coverage next quarter to ensure at least 90% coverage.

The project supported capacity building for two QITs and reached 12 members in a three day training facilitated in conjunction with URC. One of the QI teams visited 10 HH and discussed with caregivers good parenting practices. They also identified five OVC HH for shelter renovation. The team started mobilization of resources from well-wishers to support the renovation of the shelters. A total of 10,793 OVC (53% males) were supported with psychosocial support services.

4.6.1 Improving the financial, managerial and technical capacity of indigenous organizations serving social and health needs of marginalized poor and underserved populations

During the quarter under review, the project provided technical assistance and skills transfer to the 16 OVC Local Implementing Partners (LIP) in key technical areas. The project facilitated orientation for all key partner staff on web based SILC MIS and supported installation in all project sites. The MIS has improved reporting on SILC group activities. During this reporting period, the project also facilitated training of 45 SILC Agents as Private Service Providers (PSPs). Transitioning existing SILC agents into PSPs is a sustainability strategy. The PSPs will be certified to provide services at a fee payable by the beneficiary groups. They will also champion value addition for the group activities going forward. The project supported roll out of new OVC and caregiver monitoring and service tools during the quarter. Consequently, the project facilitated orientation for all partner staff and CHVs on how to use the tools.

Baringo County: During the period under review, two project staff, the locational chiefs, religious leaders, teachers, MoH staffs (PHOs) participated in SGBV training. The participants developed action plans to guide their efforts at reducing SGBV cases in their villages. The project conducted an orientation for 284 CHVs in Baringo County on the revised F1A and B project reporting tools. Other capacity building initiatives included training of four SILC Agents as PSPs and training for additional five CPwP service providers and 29 QIT members to scale up QI activities.

Kajiado County: During this reporting period, the project facilitated quarterly program review meetings with all partners to discuss the progress reports for quality improvement, use of data for decision making and writing of quality reports. The project also trained 30 QIT members to enhance their capacity in facilitating and owning QI interventions. In addition, one day training on SILC MIS was held and reached 20 (35% females) LIP staff comprising of Project Coordinators, Field Officers and M&E staff.

Laikipia County: The project conducted support supervision for the two implementing partners. During the support supervision, the technical officers administered quality audit checklist and facilitated mentorship to 14 (36% males) project staff. Detailed action plans were developed using a participatory approach and follow up is done on a monthly basis to address the identified gaps by end of November 2014. The project supported partners to roll out new OVC and caregiver service and monitoring tools. All the CHVs and partner staff were oriented on how to fill and file the tools. Two SILC Field Agents were trained as PSPs. This was aimed at ensuring sustainability for SILC activities since the PSPs will be certified and commissioned to offer their services at a fee to be catered for by the beneficiary groups. The project will increase the number of PSPs in the next financial year. The project also facilitated quarterly review meeting with 15 CBO leaders from Laikipia North. The meeting provided forum for the leaders to share achievements and challenges encountered in the previous quarter while exploring strategies for sustainability. The leaders committed themselves to continue enhancing linkages for improved service delivery to beneficiary households.

Nakuru County: During the quarter, the project continued to enhance the capacity of the five LIPs in Nakuru County through monitoring visits, support supervision, RDQA and progress review meetings. The project also supported; data review meetings to improve data quality, trained 13 SILC agents as SILC PSPs, 75 members of eight QITs and held review meetings with CPWP service providers.

Nandi County: During the period under review, the project conducted bi-annual caregiver's forum in Tinderet Sub – county where 81 caregivers (27% males) participated. The forum focused on the need for HHs to engage in IGAs for sustainability. The project supported orientation on new reporting tools for 218 CHVs in the county. The project also trained six SILC agents as PSPs with a view to sustain SILC activities beyond the life of the project.

Narok County: During the quarter under review, the partner staff was supported to continue offering services to the OVC according to the need. As a way of building the technical capacity of staff, 15 of them were trained on MIS for SILC and supervision for the SILC groups. During the quarter, the project conducted a refresher session for 18 partner staff on data quality to enable them to appreciate the use of data for decision making. The project facilitated one learning exchange visit to Nakuru County for 12 partner staff to gather insights on OVC care and support as well as data management. One quarterly review meeting for CPwP providers to review achievements, challenges and promote better understanding of the reporting tool was held. The project facilitated technical working group (TWG) meeting. During the meeting the project staff discussed how to improve data quality and use. Specifically, the meeting resolved that the LIP M&E staff shall be the custodian of project data for all the indicators and not just concentrating on CHV reporting rates. It was also agreed that each partner will develop a dash board where all the activities will be displayed and monitored during the quarter for smooth operations and coordination.

Lessons Learned

- The performance recognition plan for HRIO and consistent feedback has increased conscientious of importance of timely and accurate reporting and motivated them to strive to improve.
- Following up of trainees after data use workshops builds their confidence, promotes demand and use of data for decision making.

III. ACTIVITY PROGRESS (Quantitative Impact)

This section presents a quantitative description of the key achievements of the July to September 2014 reporting period. The tables present the basic data of key indicators in the PPMP required to

assess progress toward achievement of the targets in the project. The tables for this section have been submitted separately.

IV. CONSTRAINTS AND OPPORTUNITIES

There were no significant management or operation challenges, or changes in planned activities during the reporting period. However, the project experienced the following constraints that affected the implementation pace of the scheduled activities.

- Massive MOH staff transfers within counties led to capacity gaps in recording and reporting of data since new staff in most cases do not have the required skills. Continuous OJT and mentorship is being provided to meet the capacity gap.
- Inadequate staff at IP level trained in community PWP. The project has already started training more IP staff on community PWP.
- Following the introduction of revised OVC tools some CHV are facing challenges in filling them. Mentorship will be provided on use of the tools during monthly meetings to address this.
- Insecurity in Sub-counties of East Pokot has led to health facility closure hence low reporting rates.

V. PERFORMANCE MONITORING

Various performance monitoring activities continued during this reporting period. This included routine site visits to monitor data quality, tracking of facility and community monthly reporting rates and supervisory visits to OVC implementing partners. Building on gains made in improving data quality at facility level, the project continued to focus on conducting monthly data verification to 40 high volume facilities across all the counties. A total of 105 facilities were visited for monthly data verification using the project checklist during the quarter. The checklist is administered quarterly in tier two facilities and three months of data audited. In larger tier 3 and 4 facilities, the checklist is administered on a monthly basis and one month of data is audited. Performance data from this visits for the past nine months indicate an improvement in the quality of data for selected indicators as shown in Figure 11 below. There was no variation between the reported and recounted data for selected indicators in the month of September for the 105 sites. In this reporting quarter, significant efforts were made in ensuring PMTCT data was correctly recorded and reported. Efforts to improve the quality of data will continue in the next quarter involving the MOH staff for purposes of sustainability.

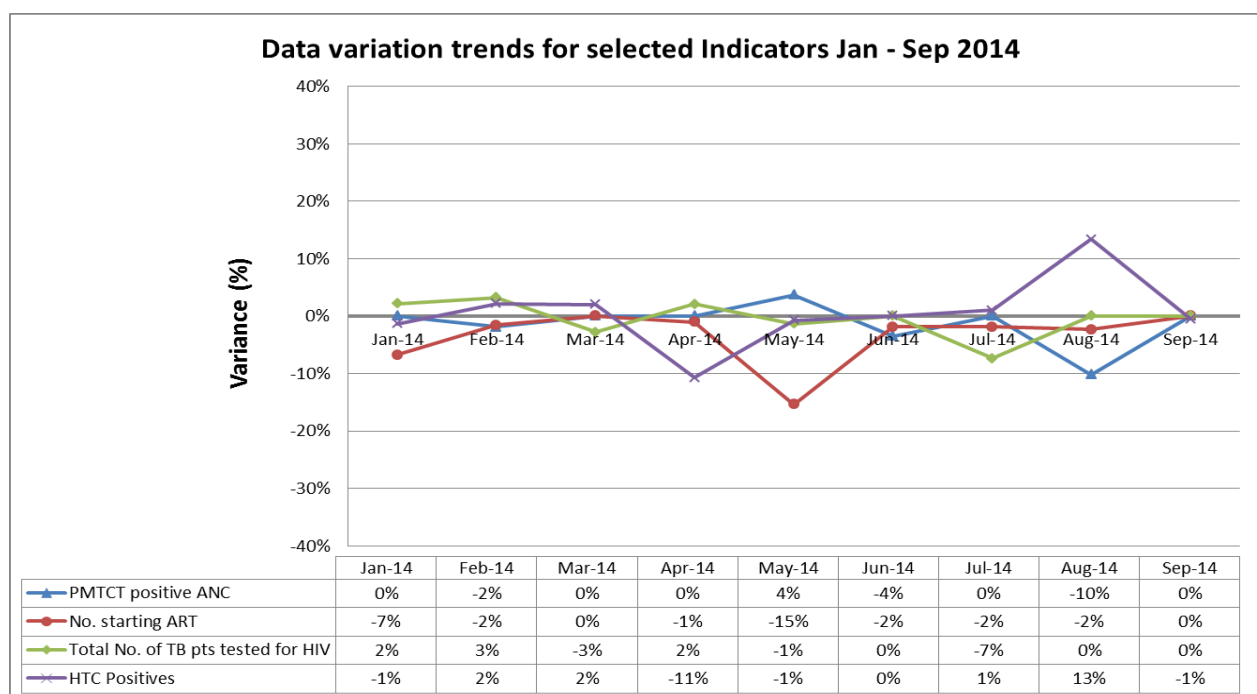


Figure 11: Data Variation trends for select indicators

In addition to monthly data quality monitoring during site visits, the project continued to implement a Performance Recognition Plan (PRP) for DHRIO in 22 sub counties. Through this strategy the project has witnessed a consistent improvement in reporting rates across all date sets, timely submission, and quality of data at facility and district levels based on DHIS2. As illustrated in Figure 12 below, there has been a significant improvement in the DHIS reporting rate for PMTCT in supported counties from 82% in the first quarter to 91% currently. This performance is attributed to monitoring of reporting rates monthly through the PRP and giving feedback to DHRIO and facilities on missing reports. It is also due to cordial and close working relationships with CHMT, SCHMT and HCWs in all the counties. In addition, the monthly gap analysis assists in identify sites that have challenges in reporting and this forms the basis for continuous mentorship and regular follow up visits by both the project and MOH teams and, meetings with in facility in-charges to discuss and agree on remedial actions. All counties show an improvement in reporting rates with Laikipia recording the highest improvement at 22% from the first to the current quarter while Narok only had a 4% improvement in the same period. Narok County has the lowest improvement and reporting rates below the national standard. The project only supports two out of the four sub counties namely Narok North and South, however, the reporting rates presented are for the whole county. The PMTCT reporting rates for Narok North increased from 80% in the first quarter to 95% in the current quarter while that of Narok South increased from 69% to 96% in the same period. Discussions are underway with the S/CHRIO to address the issue of non PMTCT sites included in the denominator in DHIS that affects the rate. The project will also engage WRP that supports the other two counties to agree on how to improve the reporting rates.

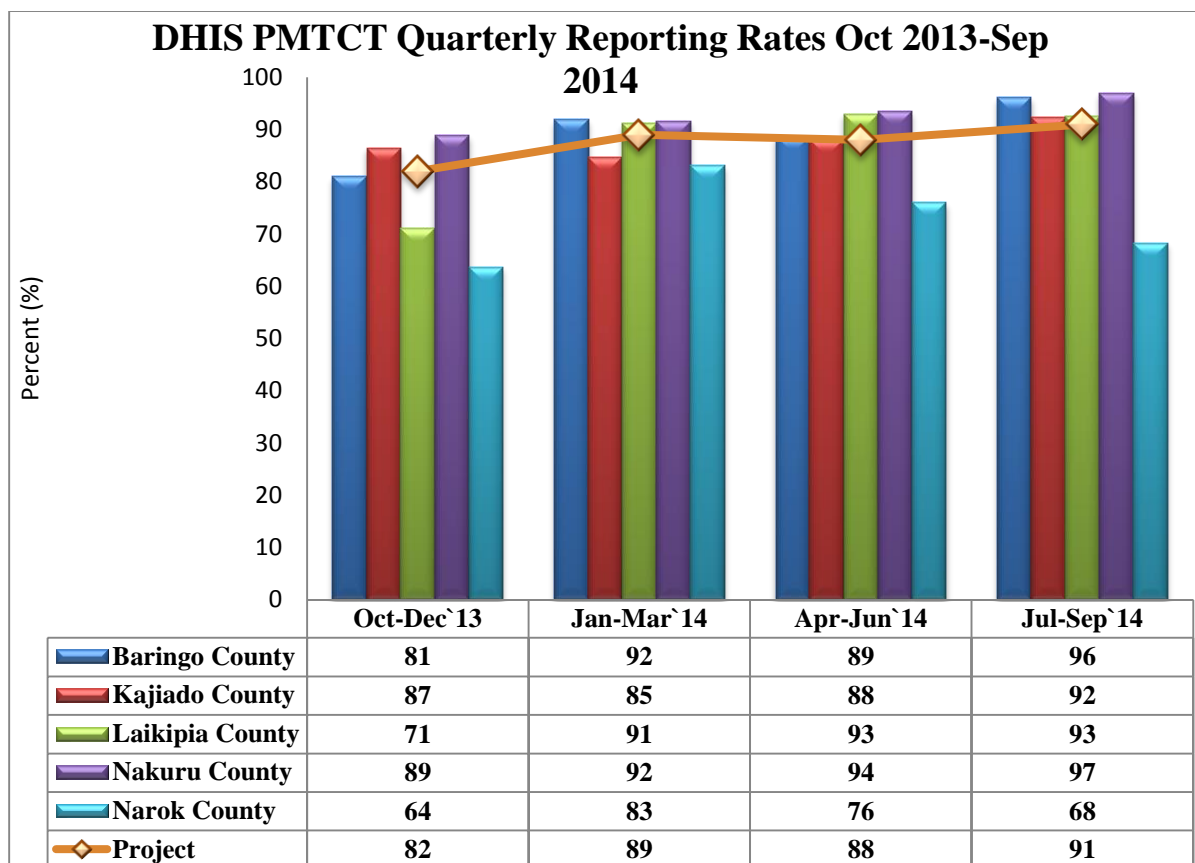


Figure 12: DHIS MOH 731-2 PMTCT reporting rates

The project's current focus is on improving the consistency of 50 MOH 731 indicators between DHIS and facility summary reports. Data quality analysis results in Figure 13 below indicates that by the end of the quarter, 94% of data for 50 selected indicators had been accurately transcribed from hard copy of MOH731 to DHIS2. The results have been consistent from April to September 2014.

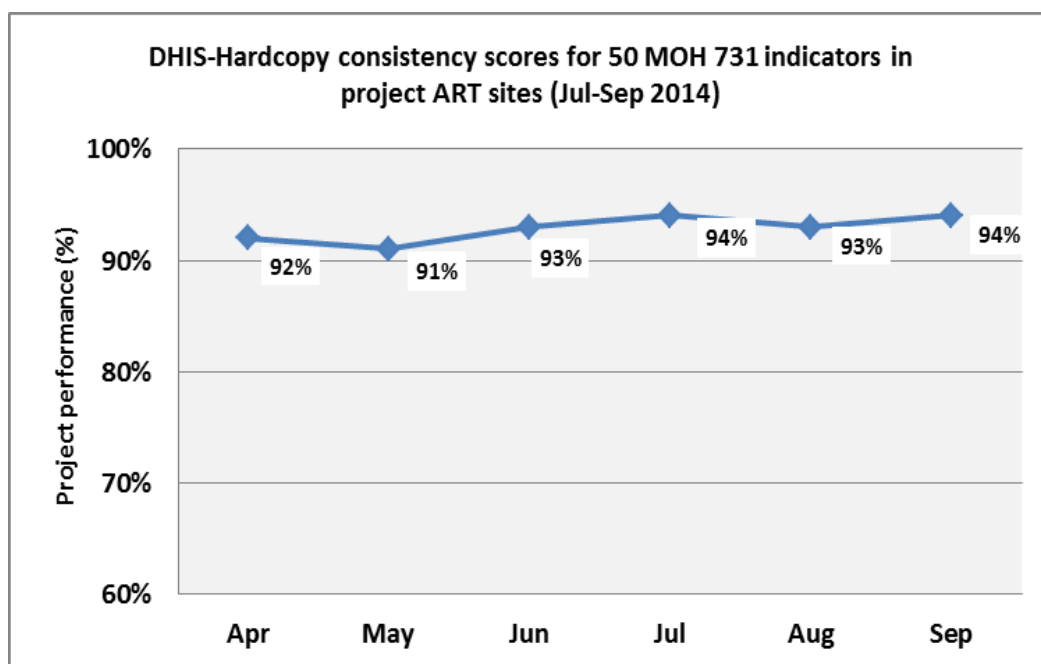


Figure 13: Consistency Scores of 50 MOH 731 indicators on DHIS and MOH 731 hard copy

Under the community system, the project continued to monitor the OVC reporting rates as well as conduct routine sites visits to support partners in using the OLMIS data management system that was revised during the quarter. There has been a steady increase in the reporting rates across all counties from quarter one to the current quarter as show in Figure 14 below.

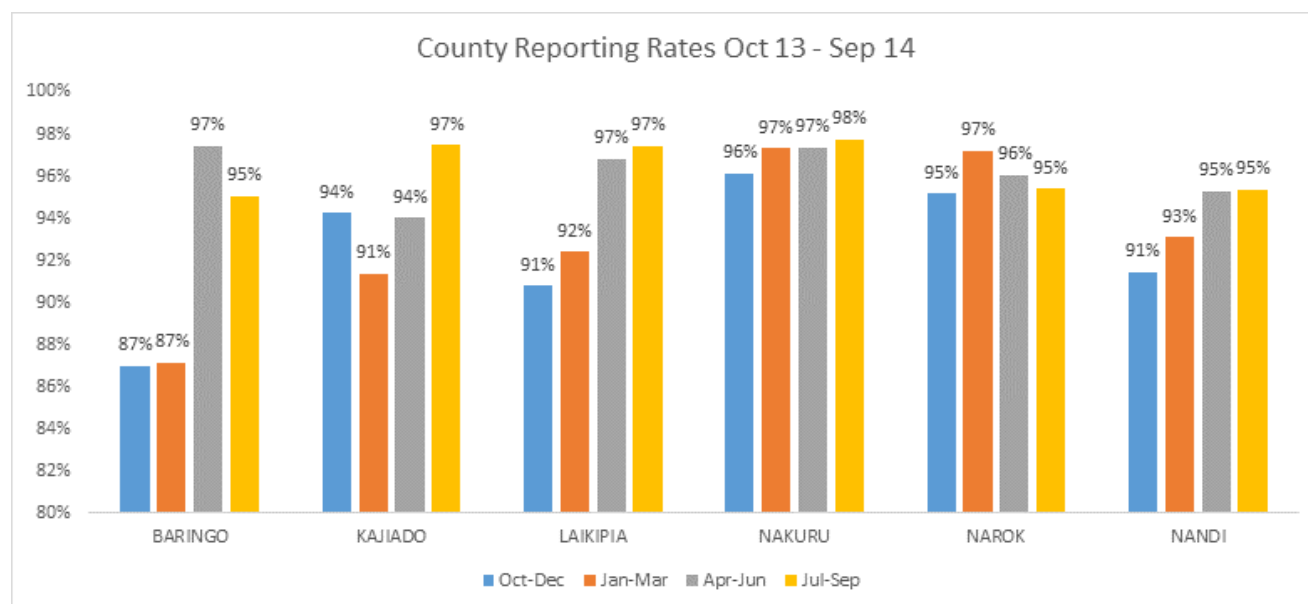


Figure 14: OVC reporting rates by County

VI. PROGRESS ON GENDER STRATEGY

The project continued to support 17 facilities to provide SGBV services during the quarter. A total of 248 (88% females) survivors were attended to compared to 196 (90% females) last quarter. Thirty survivors including their parents and guardians attended support group meetings and were provided with psychosocial support to help them cope with the crisis and enhance reintegration into the community. In addition, the MOH was supported to conduct CMEs and sensitizations on SGBV to HCWs, youth, community leaders and CHWs reaching 907 (74% females) individuals. MOH supervisors were also facilitated to conduct site support supervision and mentorship and to distribute data tools and IEC materials. The project collaborated with the United Nations Trust Fund (UNTF) to form county GBV/HIV committees and developed terms of reference (TOR) for the same. Training was then conducted for the committees and a draft work plan to steer the committees work in GBV/HIV prevention and response developed.

The project implemented Sister to Sister Evidence Based Intervention designed to reach female sex workers and females 15-24 during the quarter. The intervention is aimed at equipping the women with skills to reduce risk of HIV and pregnancy. A total of 5,507 FSW and 60,583 females aged 15-24 years were reached through this EBI during the quarter. In addition, 147 MSM/MSW were reached through the DIC. All these groups were also provided with various bio medical services including HTC, cervical cancer screening, FP and STI screening. In an effort to integrate SGBV into the Sister to Sister Evidence Based Intervention (EBI), the project supported SGBV sensitizations to 368 females' students aged between 15-24 years at the National Youth Service.

In an effort to promote retention of girls in school, the project continued to provide sanitary pads to female OVC aged nine years and above. A total of 1,571 females received sanitary pads during the quarter.

At facility level, efforts continued towards involving men in MNCH services and promoting couple testing as way of reducing HIV transmission. Towards this end a total of 2,113 couples were tested for HIV and 696 male partners were tested in PMTCT setting.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

In addressing environmental and waste disposal expectations at facility level, the project conducted six CMEs and four orientations on medical waste management and disposal for health care workers. Medical waste supplies were provided to 42 public and private health facilities to ensure safe injection practices and proper management of medical waste in order to safeguard the well-being of the patients, health care provider, the larger community and the environment. Job aids on infection prevention were distributed and disseminated to the 42 facilities and IPC buckets to six facilities. A similar number of facilities were supported to constitute TB infection prevention and control (IPC) teams after sensitization on the 5Is. The facilities especially improved the ventilation and waiting bay in the TB clinics so as to reduce cross infection. Two counties were trained on quality improvement and thereafter formed worked improvement teams that will oversee quality improvement including infection prevention and waste management. In addition, two sensitizations on IP and biosafety were supported through the JWP in Laikipia East Sub-county and Rumuruti SDH reaching 38 facility staff. Mentorship/support supervision was done to 12 facilities reaching 27 staff. The Green Hospital Concept initiated in Nakuru PGH has not taken off due to lack of funding by Laboratory Science Division the partner who was to support the initiative.

The project also oriented all the 3,227 CHVs on safe water, sanitation and hygiene (small doable actions) to promote use of hygienic toilets for proper human waste disposal and provided them with WASH counseling cards that aided them to deliver accurate messages to the HHs. As a result a total of 11,402 HH new latrines were established and 3,733 HHs started treating drinking water. In addition, the project promoted use of organic manure and organic pesticides in 1,237 HH who establishing kitchen gardens.

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

- **University Research Company (URC):** During the quarter, the project participated in a meeting sponsored by URC-ASSIST in conjunction with department of Children Services to review National Psychosocial Support Guidelines. In addition, the project oriented 14 CHMT members on CQI during the reporting period in Narok County. HCWs from select HVS had been trained in the previous quarter. Cumulatively, 103 HCWs have been trained on CQI for the year 2014.
- **Health communication Marketing (HCM):** The program continues to work with HCM to strengthen capacity of counties to implement quality BCC activities.
- **FUNZO:** During the reporting period, the project linked with FUNZO to train HCWs in supported sites. In total, 214 HCWs were trained (24 in LAPM, 121 in Adult ART, and 63 in EMONC). For the year 2014, 395 HCWs have been trained in linkage with FUNZO on various topics including PMTCT, IYCF, Adult ART and EMONC.
- **Futures Group:** Working collaboratively with Futures Group, two meetings were held in evaluating progress and forestalling bottlenecks that would act as impediments to the EMR roll-out success. Both sides of the collaboration have action items to work on. Some of these

action items emanated from a visit by CDC team to EMR sites earlier in the quarter. One outcome of the meeting was a training of Nakuru County clinical and M&E team on IQ care system. Joint visits were conducted to Kimana and Loitokitok to conduct DQA on the EMR data and address challenges experienced in implementation.

- **I-TECH:** Collaborated in EMR deployment in Baringo County.
- **PIMA:** During the BEmONC baseline assessment in Narok and Baringo, the project linked with PIMA, which supported in the sensitization of the HCWs on the data collection tool, and in the analysis of the baseline data collected.
- **Capacity Project:** The capacity project continued supporting 110 HCWs in 40 APHIAplus Nuru ya Bonde supported sites.

IX. PROGRESS ON LINKS WITH GOK AGENCIES

The project continued to work closely with key government line ministries as follows:

- **Ministry of Agriculture, Livestock and Fisheries (MOAL&F):** The collaboration with MOALF to facilitate support supervision for 30 greenhouses and farmer groups across all counties continued this reporting period.
- **Agriculture Sector Development Support Program (ASDSP):** The project facilitated ASDSP to conduct assessment of 10 groups in Nakuru County with a view to ascertain their capacity and available opportunities for value chain development.
- **Department of Children's Services (DCS):** The project participated in the review of National Psychosocial Support guideline meeting convened by the department in Nakuru.
- **Registrar of Births and Deaths:** The project continued to partner with the sub-county registrars of births and deaths in enhancing acquisition of birth registration certificates for 627 OVC.
- **Ministry of Health (MOH):** The project worked closely with the ministry in different ways;
 - To strengthen referrals through link desks and increasing HTC uptake for OVC families. In addition, the project collaborated with the ministry to facilitate health action day for OVC and their families in Laikipia County.
 - Collaborated with Ministries of Health and local education and tertiary institutions to transition on-going youth activities and to strengthen co-ordination and economic opportunities for them.
 - Partnered to provide health services through referrals and outreaches conducted for FSWs, female 15-24 years and Fisher folk in Kajiado, Laikipia, Nakuru and Narok counties. Transitioning of the DIC based services started in earnest with a debriefing meeting between respective County Health Teams and project staff. The MOH seconded nurses to the DICs in Naivasha, Narok and Laikipia to offer services for FSWs. The good working relationship continued especially during the implementation of Sister to Sister activities in the respective counties.
 - Through implementation of JWP day to day activities

- **NASCOP:** The project continued to partner with NASCOP for supply of the vaginal models and female condoms used in the implementation of Sister to Sister in four Counties of Nakuru, Narok, Kajiado and Laikipia. In addition, the project collaborated with NASCOP to orient 30 HCWs from five Counties of Nakuru, Narok, Kajiado, Baringo and Laikipia on the Rapid advice on HIV care and treatment/PMTCT and in the National HTC RRI.
- **County Governments:** The project collaborated with the county governments during the First lady's launch of beyond zero campaign in Narok and Baringo counties.

X. PROGRESS ON USAID FORWARD

There were no activities implemented during the quarter under review.

XI. SUSTAINABILITY AND EXIT STRATEGY

The project has instituted several sustainability and exit strategies for the facility and community interventions.

Under the SDH interventions, the project initiated the transition of SILC Agents into Private Service Providers (PSPs). The PSPs will be supervised and certified to continue providing their services to the target communities. The project also facilitated capacity building on organic farming technology and doing agriculture as a business for 30 support groups to enable them run independently. All the 30 greenhouses harvested tomatoes and sold to local markets. In addition, the project also linked 82 new OVC households to Cash Transfer program bringing the total to 544HHs linked to the CT program. By linking highly vulnerable households with the CT program, the project aims to enhance safety nets for the households that will go beyond the life of the project.

The sustainability and exits strategies for health communication activities include; supporting implementing partners to develop community sustainability plans which involve identifying devolved GOK resources at county level to support on-going youth and key population programs. The project is also working closely with MOH to transition the key population activities to existing structures. The LSE program is completely transitioned to the Ministry of Education. Meetings were conducted in the two Counties of Nakuru and Narok and necessary support materials handed over to the respective sub county offices. In addition, advocacy meetings were initiated with select institutions implementing Sister to Sister for allocation of resources for continuity of youth activities in their institutions.

XII. GLOBAL DEVELOPMENT ALLIANCE

Not applicable.

XIII. SUBSEQUENT QUARTER'S (OCT-DEC 2014) WORK PLAN

Planned Activities for the Reporting Quarter (Jul-Sept 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Oct - Dec 2014)
Program Management			
Host USG ITT Visit to Nakuru County	Not Done	USAID conducted SIMS visit at Nakuru PGH instead	SIMS visit in Baringo County/project performance review
County quarterly review meeting – 5 Counties. As well as LIP performance Review	Done		County quarterly review meeting – 5 Counties. As well as LIP performance Review
Participate in FANIKISHA Close out dissemination forum.	Done		
Partner sub agreement amendments	Done		Develop and submit year 5 annual project work plan and budget
Monitoring and Evaluation			
Conduct monthly data quality checks at tier 3 and 4 facilities and quarterly checks for tier 2 facilities with focus to 40 high volume sites	172 sites visited. Checklist administered in 105 sites. 21 sites were high volume.	Competing priorities and extended duration required for the administration of the checklist.	Conduct monthly data quality checks at 40 high volume sites
Roll out the new tools and revised OLMIS system	Tools were printed and training conducted for six project M&E and LIPs staff	Delays from vendor on delivery of new tools	Conduct monthly data reviews and use gaps to provide mentorship to IP staff and CHV
Provide onsite mentorship of service providers (public and private facilities), LIP staff and CHVs in recording and reporting of data	2,573 CHV oriented on new OVC tools. Onsite mentorship provided to health care workers on PMTCT and cohort reporting		Continue mentorship for service providers and LIP staff in recording, reporting and use of data
Continue the adoption of DHIS system by the program.	Not done	Plans shelved	
Follow-up with high volume facilities, to monitor use and plotting on the charts.	All sites with performance monitoring charts monitored on use.	Although plotted, capacity to interpret and utilize data on charts for decision making is still limited	Jointly with MOH institutionalize updating and use of PMC in 40 high volume sites
Continue supporting strengthening reporting of data in DHIS	ongoing		Conduct monthly data review of DHIS and MOH731 data for all sites and ensure consistency
Facilitate full operationalization of already deployed EMR systems in 25 health facilities.	17 project staff and 76 HCW trained on use of IQCare. Legacy data entry is ongoing in 25 sites.	Security reinforcements in some facilities hampered full operationalization in a timely fashion. Uptake of system as POC is still low. Buy in by facility in charges and staff low is some facilities	Support 50 sites to complete entry of legacy data and use of EMR as POC
Deploy web-based performance standards system	The system was developed	Awaiting training and deployment	
Train and support users to adopt the following new systems: HC1, PWP, DIC, TQA, HEI & ART cohort, MNCH Koibatek intervention	80 users and 6 project M&E officers trained on all systems Installations took place and systems are in use	ART cohort not useful for the project since data can be drawn from EMR	Mentorship of users and training on data use
Entry of legacy data at facilities with EMR	Completed in 13 sites and ongoing in 25 sites.	Planning, refresher training and Approval of budget for assistance in legacy data at facility	Conduct DQA for high volume sites that have completed entry and support use of system as POC
Roll-out facility based recognition plan	Facility based recognition plan designed and ready for pretesting	Awaiting SCHRIO meeting for launch	Roll-out facility PRP to high volume sites.
			Conduct DQA at IP level using a standard tool
			Promote data use for decision making at facility, county and community level (Follow up on

Planned Activities for the Reporting Quarter (Jul-Sept 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Oct - Dec 2014)
			trainees in Kajiado, Narok and Nakuru county)
Health Communications			
MARPS/KP <ul style="list-style-type: none"> Training of Sister-to-Sister facilitators for Nakuru and Laikipia Counties. Roll out of Sister-to-Sister EBI in Laikipia and Narok Peer education and outreach Service delivery through the DIC and integrated outreaches Economic empowerment activities Integrated service delivery outreach for MSM in Nakuru 	<ul style="list-style-type: none"> Sister-to-Sister facilitators trained in Kajiado, and Laikipia Allocation of hotspots to peer educators conducted Peer education and outreach conducted Integrated service delivery outreaches to hotspots conducted in all priority sites 	<ul style="list-style-type: none"> Limited number of facilitators available. Additional trainings in the next quarter 	<ul style="list-style-type: none"> Training of Sister-to-Sister facilitators for Nakuru and Narok Counties. Roll out of Sister-to-Sister EBI in Laikipia and Narok Peer education and outreach Service delivery through the DIC and integrated outreaches Economic empowerment activities Integrated service delivery outreach for MSM in Nakuru
Youth program Continue with the sister to sister sessions and linkages	Sessions conducted in selected institutions in the four counties.		Continued peer education among young women 15-24 years using the sister to sister EBIs
Data collection and reporting	Data collected and reviewed by supervisions before entry and reporting from all the sister to sister facilitators		Progress review monthly meetings with Sister to sister facilitators across the four Counties
Continued mapping of institutions for sister to sister intervention	Exercise conducted in 4 counties		Supportive supervision to facilitators implementing Sister to Sister EBI
Roll-out of sister to sister EBI	On-going in 4 counties		Strengthen quality assurance on data collection and reporting
Progress review monthly meetings	Meetings held with the sister to sister facilitators in all the four counties		
Support supervision to facilitators	Follow up meetings and support supervision visits conducted in select institutions to ensure quality of activities conducted.		
Life Skills in Schools LSE phase out meetings	Exit meetings conducted in Nakuru and Narok Counties with key MOE stakeholders		Documentation of lessons learnt from the LSE program
Strengthening BCC Refocusing of activities to care and treatment Finalizing sustainability plans and exit strategies	Two meetings held, out of a possible 6 Exit and Sustainability plans were shared in the two meeting in conducted in Nakuru and Narok.	Due to the transition of MOH activities to conform to devolution structure some planned meeting were not conducted. The meetings planned next quarter	Induct Baringo and Narok BCC committees on the BCC implementation standards for use in the monitoring of county level BCC activities
OVC/ Social Determinants of Health			
Provide on-site training for greenhouse attendants on entrepreneurship and marketing skills	Done		Provide on-site training for greenhouse attendants on organic farming technology
Facilitate 10 groups to develop and engage in value chains	Done		Monitor implementation of value chains
Link households to identified markets	Done		Continue monitoring market linkages
Scale up use of CPwP MIS	Done to all LIPs		Mentor LIP staff on use of CPwP MIS
Conduct support supervision at LIPs and HH level	Done		Support LIPs to conduct organizational capacity assessment

Planned Activities for the Reporting Quarter (Jul-Sept 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Oct - Dec 2014)
Conduct QI learning session	Not done	Prioritized training for QITs which was done in September	Conduct QI learning session in collaboration with URC
Provide technical support to QITs to conduct end-line CSI assessments	Done		Provide mentorship to QITs
Technical support supervision and Monitoring of performance	Done		
Provide technical support to and scale up Life POA sessions among youths	Done		Monitor LIFE POA activities
Identify sites where CHVs have not received the WASH-PLUS training and orient them	Done		
Roll out new OVC and caregiver service and monitoring tools	Done		
Conduct HTC for OVC with unknown HIV status	Done but not yet 100%		Conduct HTC for OVC with unknown HIV status
Train key LIP staff on SILC and install SILC MIS in all sites	Done		Transition SILC FAs into Private Service Providers Conduct follow on HHVA
Train support group members on CPwP	Done – to continue		Train support group members on CPwP
Implement positive deviance hearth to address malnutrition in Baringo county	Not done	Competing priorities at the DHMT	
			Facilitate M&E TWG meetings
			Hold meetings with LIPs to discuss project transition process
			Initiate gradual disengagement of TA to LIPs
			Participate in Review of National PSS Guideline
Clinical Services			
Sensitize six sub-county health management teams on TQAs.	Done		Sensitize 15 sub-county health Management teams on TQAs.
Conduct joint TQAs in 15 ART sites with sub-county teams	Done in 5 sites	Competing priorities with the County teams, rescheduled to next quarter	Conduct joint TQAs in 30 ART sites with sub-county teams
Sensitize all supported ART sites on the new ART guidelines.	Ongoing		Sensitize all supported ART sites on the new ART guidelines.
Conduct TB/HIV collaboration CMEs in 30 ART sites	Ongoing		Conduct TB/HIV collaboration CMEs in 30 more ART sites
Strengthen follow up of all suspected treatment failure clients; Feedback to the health facilities, CMEs on treatment failure	Ongoing		Strengthen follow up of all suspected treatment failure clients; Feedback to the health facilities, CMEs on treatment failure
Continue Clinical mentorship in all the 113 ART facilities	On going		Continue Clinical mentorship in all the 113 ART facilities
Roll out of KQMH in all High volume Sites	Done in HVS in three counties	Trainings for Kajiado, Nakuru(part) and Laikipia Counties postponed due to competing priorities	Roll out KQMH in HVS in Kajiado, Laikipia and Nakuru (25 sites)
Support training of 60 HCWs in Kajiado & Laikipia on QI.	Not done		Support training of 60 HCWs in Kajiado & Laikipia on QI.
Support formation of 15 Quality improvement teams(QITs) in 15 health facilities	Done		Support formation of 15 Quality improvement teams(QITs) in 25 health facilities in Kajiado, Nakuru and Laikipia
Scale up online commodity reporting	On going		Scale up online commodity reporting
BEMONC scale up with focus on Narok and Baringo counties	Baseline assessment done in 33 facilities, trainings for HCWs(62) and		Implementation of the action plan to address gaps identified

Planned Activities for the Reporting Quarter (Jul-Sept 2014)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Oct - Dec 2014)
▪ Train 60 HCWs and CHWs on BEmONC in Baringo and Narok Counties	CHVs(80) done, dissemination of findings done		
PMTCT mentorship to initiate option B+	On going		PMTCT mentorship to initiate option B+
RH assessment	Not done	Competing priorities with the County teams, rescheduled to next quarter	RH assessment
Strengthen MPDR Committees	On going		Strengthen MPDR Committees
Strengthen ORT corners	On going		Strengthen ORT corners
Capacity building on BEmONC.	On going		Capacity building on BEmONC.
Facilitate eMTCT task force review meetings in 5 counties	Done in 1 county	Competing priorities with the County teams, rescheduled to next quarter	Facilitate eMTCT task force review meetings in 5 counties
Targeted commodity and pharmacovigilance mentorship	On going		Targeted commodity and pharmacovigilance mentorship
Installation of ADT in 4 facilities (Langalanga HC, Mogotio RHDC, Marigat DH, Ongata Rongai HC)	Done		
Follow up on operationalization of ADT in Kajiado DH, Ngong SCH and Embulbul Dispensary and Kabarnet DH	Done		
Decentralization of ART services (Kitengela to be a central site) and more satellite sites.	Assessment done		Decentralization of ART services (Kitengela to be a central site) and more satellite sites.
Increase on-line reporting (Buy modems and support monthly airtime for the sub-county pharmacists).	On going		Increase on-line reporting (Buy Modems and support monthly airtime for the sub-county pharmacists).
Continued targeted mentorship on commodity management to ensure commodity security	On going		Continued targeted mentorship on commodity management to ensure commodity security
Sensitization of Seven SCHMT on FP commodity reporting through DHIS2	Done		Sensitization of Seven more SCHMT on FP commodity reporting through DHIS2
Sensitization and enrollment of 2 facilities (Oloitokitok DH & Kabarnet DH) in WHO AFRO SLMTA accreditation	Done		Continue support for implementation of SLMTA in 5 facilities
Installation of PIMA POC CD4 machine in six health facilities	Not done	Did not receive the POCs	Installation of PIMA POC CD4 machine in six health facilities

XIV. FINANCIAL INFORMATION

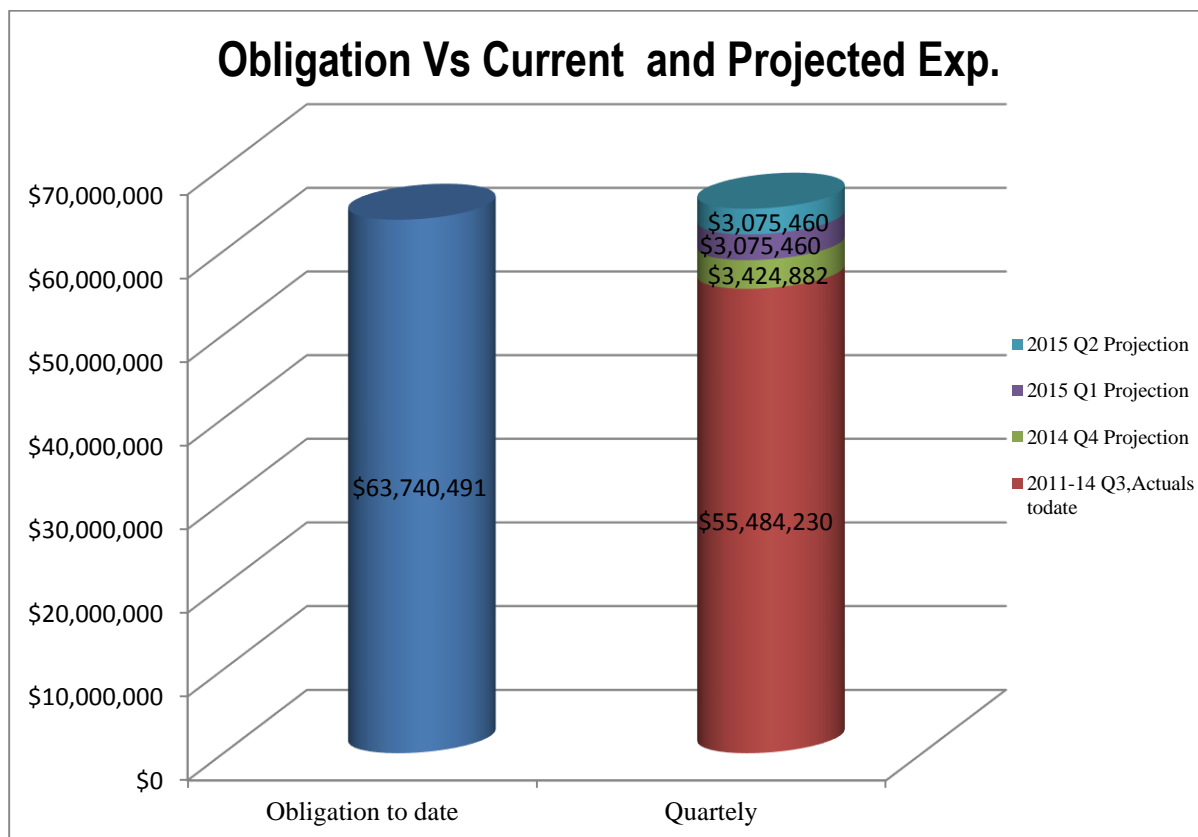


Figure 15: Obligations vs. Current and Projected Expenditures

Table 4: Budget Details**T.E.C: \$ 70,980,677****Cum Oblig: \$63,740,491.00****Cum Expenditure: \$ 55,484,230**

Obligation	2011-2014 Q4(Jul-Sept2014) Actual Expenditures	1st Quarter- 2015 Projected Expenditures	2 nd Quarter-2015 Projected Expenditures	3rd Quarter- 2015 Projected Expenditures
\$ 63,740,491.00	55,484,230	3,424,882	3,075,460	3,075,460
Salary and Wages	8,865,079	557,388	632,975	632,975
Fringe Benefits	2,373,888	177,967	178,729	178,729
Travel, Transport, Per Diem	1,040,398	5,979	37,488	37,488
Equipment and Supplies	536,539	70,008	30,730	30,730
Subcontracts	0	0	0	0
Allowances	0	0	0	0
Participant Training	0	0	0	0
Construction	0	0	0	0
Other Direct Costs	8,968,269	149,300	626,752	626,752
Sub-grants	25,307,368	2,422,989	951,466	951,466
Overhead	0	0	0	0
G&A	8,392,688	41,252	617,319	617,319
Material Overhead				
Total	55,484,230	3,424,882	3,075,460	3,075,460

Budget Notes (Listed below are assumptions, major changes, estimations, or issues intended to provide a better understanding of the numbers)

Salary and Wages	Salaries for the coming quarter will remain the same.
Fringe Benefits	Fringe benefits will remain same as salaries
Travel, Transport, Per Diem	Travel expenses will remain the same
Equipment and Supplies	No major equipment is to be purchased in the next quarter.
Subcontracts	
Allowances	
Participant Training	
Construction	

Other Direct Costs	The level of expenditures will remain the same.
Sub-grants	Most of the implementing partners sub agreements have been modified through to March 2015.
Overhead	
G&A	Calculated as per Award conditions. The figure is higher this quarter because of the application of the new approved rate for the fiscal year.
Material Overhead	

XV. ACTIVITY ADMINISTRATION

Personnel

The senior technical officer, monitoring and evaluation and technical officer, nutrition separated from the project during the reporting period and have since been replaced.

Contract, Award or Cooperative Agreement Modifications and Amendments

Implementing partner sub agreements were amended during the reporting period to obligate funds for activity implementation until March 2015 with exception of two partners (NOPE and GS Kenya) whose implementation period was amended to December 2014. Partner scopes of work were reviewed to align activity implementation to the new performance period. In total twenty two sub agreements were amended.

XVI. INFORMATION FOR ANNUAL REPORTS ONLY

C. Sub-Awards

The table below shows all sub-awards made to date under the APHIAplus Nuru ya Bonde project.

Partner	Sub-Awardee Name	Sub-Awardee Start Date	Sub-Awardee End Date	Sub-Awardee Amount (\$)	Date Last Audit Conducted	Names of Counties of Implementation
FHI360	AMREF	1-Jan-11	31-May-14	4,135,611	September 2013	Baringo, Kajiado, Laikipia, Nakuru, Narok, Trans-Nzoia, West Pokot
	Catholic Relief Service	1-Jan-11	30-Sep-15	2,702,174	September 2013	Baringo, Elgeyo-Marakwet, Kajiado, Laikipia, Nakuru, Narok, Nandi, Trans-Nzoia, West Pokot
	Gold Star Kenya	1-Jan-11	30-Sep-15	2,359,485	September 2013	Kajiado, Laikipia, Nakuru, Narok
	Liverpool VCT	1-Jan-11	30-Sep-15	2,186,820	September 2013	Baringo, Elgeyo-Marakwet, Kajiado, Laikipia, Nakuru, Narok, Trans-Nzoia, West Pokot
	National Organization for Peer Educators	1-Jan-11	30-Sep-15	1,562,748	September 2013	Baringo, Elgeyo-Marakwet, Kajiado, Laikipia, Nakuru, Narok, Trans-Nzoia, West Pokot
	Reach Out Trust	1-Jan-11	31-Dec-12	24,409		Mombasa County
	Sapta Centre	1-Jan-11	31-Dec-12	40,569		Mombasa County
	International Center for Reproductive Health	1-Jan-11	31-Dec-12	576,064	September 2012	Mombasa County
	Ministry of Public Health and Sanitation	1-Jan-11	31-Dec-12	804,284	September 2012	Baringo, Elgeyo-Marakwet, Kajiado, Laikipia, Nakuru, Narok, Trans-Nzoia, West Pokot
	MAAP	1-Jan-11	31-03-15	464,092	August 2012	Kajiado
	LIFA CBO	1-Jan-11	31-03-15	393,911		Laikipia
	K-NOTE	1-Jan-11	31-03-15	1,441,696	September 2013	Nakuru
	Kenya Council of Imams and Ulamas	1-Jan-11	31-03-15	572,513	August 2012	Baringo, Nakuru
	I Choose Life - Africa	1-Jan-11	31-03-15	382,296		Laikipia, Nakuru, Narok
	Mother Francesca	1-Jan-11	31-03-15	422,900		Nandi

Partner	Sub-Awardee Name	Sub-Awardee Start Date	Sub-Awardee End Date	Sub-Awardee Amount (\$)	Date Last Audit Conducted	Names of Counties of Implementation
	Handicap International	1-Jan-11	31-Dec-12	277,005		Trans-Nzoia, West Pokot,
	Family Health Options Kenya	1-Jan-11	30-06-13	210,008		Nakuru
	FAIR	1-Jan-11	31-03-15	2,537,645	September 2013	Nakuru, Baringo
	Enaitoti Olmaa Naretu Coalition for Women	1-Jan-11	31-03-15	431,141		Narok
	Deliverance Church Nakuru	1-Jan-11	31-03-15	359,121		Nakuru
	Catholic Diocese of Ngong	1-Jan-11	31-03-15	866,902	August 2012	Kajiado, Narok
	Catholic Diocese of Kitale	1-Jan-11	31-03-13	179,533		Trans-Nzoia, West Pokot
	Narok District Network for HIV/AIDS	1-Jan-11	31-03-15	983,622	August 2012	Narok
	Catholic Diocese of Eldoret	1-Jan-11	31-03-13	222,080		Elgeyo-Marakwet, Nandi
	Caritas Nyeri	1-Jan-11	31-03-15	649,800	August 2012	Laikipia
	CCS Eldoret	1-Jan-11	31-03-15	766,087	August 2012	Baringo, Elgeyo-Marakwet, Nandi, Trans-Nzoia, West-Pokot
	MOMS: Health Delivery Project RV	1-Jan-11	31-12-12	480,416		Baringo, Elgeyo-Marakwet, Kajiado, Laikipia, Nakuru, Narok, Trans-Nzoia, West Pokot
	Catholic Diocese of Nakuru	1-Jan-11	31-01-12	168,674		Nakuru, Baringo
	Beacon of Hope	1-Jan-11	31-03-15	484,999		Kajiado
	ESM	1-Jan-12	31-03-15	413,935		Kajiado
	Self Help Africa	16-Apr-12	31-03-15	381,791		Baringo, Kajiado, Laikipia, Nakuru, Narok
	WOFAK	1-Mar-12	31-03-15	655,110		Baringo, Nakuru
	AJAM	1-Aug-12	31-03-15	502,646		Kajiado

XVII. GPS INFORMATION

Implementing Mechanism/ Activity	Task	Activity Name	Implementing Partner	Sub-Awardee	Amount	Start Date	End Date	Nationwide?	Location	Admin 1(County)	Longitude	Latitude	Precision Code	Admin 2 (Constituency)	Admin 3 (Location)	Admin 4 (Sub location)	Admin 5 (Town/Village)
APHIAplus Rift Valley Project	OVC Care and Support, Prevention with MARPS, addressing other social determinants of health	OVC Care and Support, Prevention with MARPS and fisher folk, addressing other social determinants of health	FHI360	Family AIDS Initiative Response (FAIR)	\$2,537,645.00	1/1/2011	03/31/2015	N		Nakuru	-0.287199	36.05953					
APHIAplus Rift Valley Project	OVC Care and Support, Prevention with fisher folk, addressing other social determinants of health	OVC Care and Support, Prevention with Fisher folk, addressing other social determinants of health	FHI360	Kenya National Outreach Counselling & Training Program (K-NOTE)	\$1,441,969.00	1/1/2011	9/30/2015	N		Nakuru	-0.701929	36.43369					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Kenya Council of Imams and Ulamaa (KCIU)	\$572,513.00	1/1/2011	03/31/2015	N		Baringo, Nakuru	-0.292487	36.05626					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social	OVC Care and Support, addressing other social	FHI360	Deliverance Church, Nakuru	\$359,121.00	1/1/2011	03/31/2015	N		Nakuru	-0.273177	36.11380					

	determinants of health	determinants of health															
APHIAplus Rift Valley Project	Addressing food and security interventions amongst OVC/PLHIV households	Addressing food and security interventions amongst OVC/PLHIV households	FHI360	Self Help Africa (SHA)	\$381,791.00	4/16/2012	03/31/2015	N		Baringo Kajiado Laikipia Nakuru Narok	-0.30342	36.075222					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Women Fighting AIDS in Kenya (WOFAK)	\$655,110.00	3/1/2012	9/30/2015	N		Baringo Nakuru	-0.293744	36.05874					
APHIAplus Rift Valley Project	Prevention with young women at risk of HIV	Prevention activities with young women at risk of HIV in institutions of higher learning	FHI360	I Chose Life - Africa	\$382,296.00	1/1/2011	03/31/2015	N		Laikipia Nakuru Narok	-0.369713,	35.93585					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	LIFA CBO	\$393,911.00	1/1/2011	9/30/2015	N		Laikipia	0.015246	37.07355					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Caritas Nyeri	\$649,800.00	1/1/2011	9/30/2015	N		Laikipia	0.019302	37.08340					

APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Maa Partners Initiative (MAAP)	\$464,029	1/1/2011	03/31/2015	N		Kajiado	-1.576853	36.80489					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Evangelizing Sisters of Mary (ESM)	\$413,935.00	1/1/2012	03/31/2015	N		Kajiado	-1.392730	36.74280					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Catholic Diocese of Ngong	\$866,902.00	1/1/2011	09/30/2015	N		Kajiado Narok	-1.370782	36.65283					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Beacon of Hope	\$484,999.00	1/1/2011	03/31/2015	N		Kajiado	-1.394504	36.76305					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Apostles of Jesus AIDS Ministries (Ngong Hills Cluster)	\$502,646.00	8/1/2012	9/30/2015	N		Kajiado							
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinants of health	OVC Care and Support, addressing other social determinants of health	FHI360	Mother Francisca Mission Maternity Health Care (MFMMHC)	\$422,900.00	1/1/2011	03/31/2015	N		Baringo/ Nandi	0.201934	35.08451					

APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinan ts of health	OVC Care and Support, addressing other social determinan ts of health	FHI360	Christian Community Services (CCS)	\$766,087.00	1/1/2011	03/31/2015	N		Baringo	0.491536	35.75472					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinan ts of health	OVC Care and Support, addressing other social determinan ts of health	FHI360	ENOCOW (Enaitoti Naretu Olmaa Coalition for Women)	\$431,141.00	1/1/2011	03/31/2015	N		Narok	-1.09078	35.87255					
APHIAplus Rift Valley Project	OVC Care and Support, addressing other social determinan ts of health	OVC Care and Support, addressing other social determinan ts of health	FHI360	NADINEF (Narok District Network Forum)	\$983,622.00	1/1/2011	09/30/2015	N		Narok	-1.09078	35.87255					

XVIII. SUCCESS STORIES & PREP SHEETS

Baringo County Success Story: Welding metal gives young orphan hope

Twenty-year-old Carlos Keya is looking forward to a successful career as a fabricator of metal doors, windows and other items, thanks to support he received from the USAID-supported APHIAplus Nuru ya Bonde project to train as a welder course in his home county of Baringo, Kenya.

After primary school, Carlos had no hope for a career because his mother, a widow, could not afford to send him to high school. Fortunately for him, community volunteers in the USAID-supported APHIAplus Nuru ya Bonde project helped him to raise funds to undertake a vocational training course at a local polytechnic.

The community volunteers are affiliated with Fighting AIDS in Kenya (WOFAK), a local partner in APHIAplus Nuru ya Bonde that works with communities in Baringo County to improve lives of families affected by HIV.



Pic 3: Carlos in a welding workshop

Carlos is the third-born in a family of four siblings under the care of their mother, who is living with HIV. Their father died four years ago. He too was HIV-positive.

Soon after Carlos' father died, the mother was enrolled for HIV care and treatment.

A few months later, the mother defaulted on treatment because she faced stigma. Her health worsened and she became bedridden.

In 2010, the community volunteers from WOFAK visited Carlos' home. They counselled the mother to resume treatment.

They enrolled Carlos and his three siblings for counselling and other support that enabled them to remain in school and access other services such as healthcare at the local public health centre.

The mother resumed antiretroviral treatment and joined Athinai support group. The group introduced her to its savings and credit scheme. She borrowed money and started a business selling vegetables.

Carlos sat for the Kenya Certificate of Secondary Education in 2013 but did not join high school. When he told social workers that he wanted to enroll for vocational training, they took the initiative to conduct a funds drive to raise his college fees. They raise enough money for Carlos to start undertaking a course in welding.

The young man got an apprenticeship at Umoja Engineering Works in Mogotio. He hopes to graduate in 2015 and would like to start his own business so he can employ other people and help care for his siblings.

His elder brother works as a casual laborer in Nairobi. The two younger siblings are in primary school. They are still getting regular support from the project. Recently, they got two pairs of Tom's shoes each and are benefitting from life skills education in school.

Carlos says he is now respected in the community because of what he can do with his newly-acquired skills.

Narok Success Story 1: Spinning money from shawls: Mother creates thriving business from scratch

Sempeyo is a single mother of four. Sempeyo is one of the beneficiaries of small savings schemes that are changing the lives of individuals and families in communities across Narok County.

The schemes, promoted using the small internal lending communities (SILC) model, are part of efforts by USAID's APHIAplus Nuru ya Bonde project to improve the livelihoods of families in communities affected by HIV.

Life was hard for Sempeyo before she joined Nalepo SILC group in Olerai, Narok North sub-county. She struggled to earn a living and could hardly provide basic needs for the children.

But her life took a turn for the better a few months after she joined the group in 2013. After saving for a few weeks, she took a loan of 10,000 shillings to start a business selling *shukas*, the colourful shawls popular among her Maasai community.

Her initial stock of 35 pieces quickly increased to 60 as she ploughed profits back to the business while repaying the loan.

She makes a profit of 24, 000 shillings in a good month, enough to save and meet some of the pressing family needs including paying school fees for the children.

Sempeyo has benefitted in other ways.

The project trained members of her group to manage small businesses and their own finances. These skills have enabled Sempeyo to continually expand her business and better plan for and use the money she earns.

SILC promotion agents regularly visit Sempeyo's group to mentor members on business management.

Sempeyo can now take loans and repay loans with ease. With the money, she has expanded her business to include sugar, flour and other foodstuff.

One of her sons graduated from high school in 2013 and got an admission to Machakos University.

APHIAplus Nuru ya Bonde project has supported him to apply to CDF and the County government for educational support though the payments are yet to be effected.

Savings groups improving lives for vulnerable families

Since 2011, APHIAplus Nuru ya Bonde project has helped to start and strengthen 101 savings groups in Narok County using the Small Internal Lending Communities (SILC) approach that enables them to progressively grow from a simple beginning in table banking. Together the groups have saved more than 7.6 million shillings by 1,357 members who support 2,061 orphans and vulnerable children.

Narok Success Story 2: Mother overcame self-stigma and helps others to on HIV treatment

Zipporah was diagnosed with HIV in 2006, a year after the death of her husband and the youngest of their three daughters in Narok County.

Though she was put on antiretroviral treatment (ARVs) immediately, she kept defaulting on taking the medicine and developed complications.

In the year 2007, Zipporah was invited for a two-week training course for lay HIV treatment workers organized by APHIA II Rift Valley project, the predecessor of APHIAplus Nuru ya Bonde.

The training was a turning point for Zipporah. She got an opportunity to meet with other people living with HIV and hear their stories. She finally accepted her status and vowed never to interrupt treatment.

After the training, Zipporah was assisted to establish a help desk for people living with HIV at Nairagi Enkare health centre. At the link desk, she and other lay treatment workers attend to new and old clients, helping them to navigate through the hospital for various services.

Zipporah also works with community volunteers to find and counsel clients who fail to keep vital appointments to pick medicine or for treatment.

Zipporah has kept her promise to date. She leads by example, encouraging other clients to adhere to medication.

She is a member of a support group that meets at the health facility regularly. Through the group, she has been trained on business skills and kitchen gardening.

“I thank APHIAplus for building my capacity because I no longer think about my status, but concentrate on building my family and community,” says Zipporah.

Kajiado Success Story: Young man helps widowed mother settle down family

Paul Wainaina hails from Kahuho near Kiserian market centre in Kajiado County. He comes from a single parent family together with four other siblings.

Paul’s mother is HIV positive and under medication. She struggles to fend for her family due to her ailing health status. Paul dropped out of school in class 7 as her mother was unable to continue paying his school fees.

In May 2012, Paul’s mother was attending regular clinic appointments when she met a community health volunteer (CHV) working with USAID’s APHIAplus Nuru ya Bonde project under Beacon of Hope, a local implementing partner. The volunteer introduced Paul’s mother to the project for support.

A social worker was sent to assess the situation and enrolled her and the children into the project. Since then, Paul and his siblings have been receiving services offered by the project to orphans and vulnerable children (OVC).

During monthly OVC monitoring the volunteer realized that Paul was not attending school. Asked if he wanted to resume school, Paul declined, saying he wanted to pursue a welding course. His mother supported the decision.

The social worker followed up the case and assisted Paul to enroll for a practical course in welding. The project paid his fees and social workers continued to counsel him and follow his progress. Paul graduated in December 2013.

Paul's trainer at Sandeka welding hardware, noticed Paul's determination, focus and hard work and decided to offer him a job. Paul is now doing well, earning 2,000 shillings a week. He now helps his mother pay rent and meet other family needs such as food. Paul's contribution has enabled the family to settle down. Previously they moved frequently depending on where the mother found casual work.

Paul's desire is to gain experience and work in a big company.



Pic 4: Paul at work at Sandeka Metal Works. Photos: Beacon of Hope

Laikipia Success Story: A stitch at a time, orphaned girl builds her dream

Joyce was born in 1996, the second born in a family of two children. Her mother died in 2003 and father in 2010. Both had HIV.

After the death of their parents, Joyce and her elder brother (now 19) were left under the care of their aunt.

"She struggled to make ends meet and ensured that our basic needs were met all the time," says Joyce.

Life became even harder to bear when Joyce's brother was also found to be HIV-positive.

The burden on their aunt eased when Joyce and her brother were enrolled APhiAplus Nuru ya Bonde project to receive support from USAID for orphans and vulnerable children (OVC). They were linked to the project by a community health volunteer attached to Living in Faith Association (LIFA), a local partner organization.

Community health volunteers in the project regularly counselled the family and encouraged them to support one another and keep healthy. The aunt joined a support group where she met and shared experiences with other caregivers in a situation like hers.

Both children sat for class eight national examinations in 2011. Joyce attained 190 marks and her brother attained 151 marks, grades that were too low to get them into college.



Pic 5: Joyce at work (Story and photo courtesy of LIFA CBO)

In 2012, social workers convinced the siblings to go for vocational courses at a rural training centre. Joyce undertook tailoring and dressmaking while her brother chose electrical installation.

USAID's APHIAplus Nuru ya Bonde paid 20,000 shillings for Joyce to undertake the course. She also got sanitary pads and shoes provided under a partnerships with American company Toms shoes.

After completion in 2013, Joyce got attachment at Mama Sam's Dressmaking Shop where she is sharpening her skills in dressmaking and business.

"The proprietor has been so kind and is paying me some money to cater for my basic needs," says Joyce.

Joyce has applied for a national identity card so that she can open a bank account and start savings money to buy materials and start her own business. She has already received a sewing machine from the project as part of the start-up support.

"With the sewing machine, I believe that it will not be too long before I start running my own business," says Joyce. "I am also planning to buy a start-up kit for my brother."

Joyce says marriage is the last thing on her mind for now. She first want to build her business and inspire those in a situation like hers never to give up.

"When I look back to everything that has happened to me, I never thought that this moment would come," says Joyce. I struggled to a point I almost gave up hope but I'm glad I did not so as to live this moment of relief as doors open for us."

"I am grateful to LIFA for their support and encouragement. They have given me a reason to live and move on. May GOD give them strength and means to serve others who are in need," she says.

Nakuru Success Story: Journey of A Thousand Miles Begins With a Step

The story is about Neema support group, which was started by a group of women whose families are affected by HIV. The women decided to form the group after a training session that sensitized them on what they could do to improve their livelihoods.

The training was organized by Deliverance Church, one of local organizations working with USAID's APHIAplus Nuru ya Bonde project to empower caregivers of orphans and vulnerable children. The members came together with the primary objective of improving their living standards through savings and credit and other forms of capacity building.



Pic 6: Neema group members share out their savings

In September 2013, Neema support group started their table banking scheme using the Savings and Internal Lending Community (SILC) model promoted by APHIAplus Nuru ya Bonde.

Today the group has 50 members. Some are in their 30s while others are over 50 years. Some are casual workers; others run small businesses. But they are all united in the common goal of improving their lives and those of the children in their care.

Each of them saves between 50 and 100 shillings a week. A month after they started saving, members could borrow money to start businesses, expand existing ones to meet pressing needs at home.

Before joining the SILC, families could hardly afford even the most basic needs. At times, some left hungry.

Members say this all changed after they started the savings club. At the end of the first year, the group had saved Sh. 28,285. Members shared the money amongst themselves, with interest earned from loans. Having seen the benefits, the members resolved to increase their level of savings in the second year.

Annexes and Attachments

Annex I: Schedule of Future Events

DATE	LOCATION	ACTIVITY
25 th Nov – 10 th Dec 2014	<i>Baringo, Kajiado, Laikipia Nakuru, Narok</i>	<i>16 days of activism against GBV</i>
1 st Dec 2014	<i>Baringo, Kajiado, Laikipia Nakuru, Narok</i>	<i>World AIDS day Commemoration</i>

Annex II: Lists of Deliverable Products (attached separately to this report)

I. PMTCT factsheet



PMTCT-factsheet.pdf

II. S2S beneficiaries insights



Sister to sister
beneficiary insights_

Annex III: SIMS Update Nakuru Provincial General Hospital

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
Adult/Adolescent Treatment	ART Monitoring		60% of CD4 documentation available	Assign one HRIO to pick results from lab and insert in files	CCC Nurse in-charge	On going	CCC-WIT need to do periodic audits of files to ensure this is happening
Care & Support	Facility Linkage to Community Care and Support Services		No documentation for completed referrals	Create a template for use by the link persons	CCC-WIT	Immediate	CCC-WIT to take lead in this - should source for template from sites that have implemented this
Pediatric Care and Treatment	Pediatric ART Monitoring		CD4 available for only 60%	Assign one HRIO to pick results from lab and insert in files	CCC Nurse in-charge	Ongoing	CCC-WIT to sensitize staff on ensuring tests are requested as required
	Pediatric TB screening		ICF card not utilized	Sensitization on the use of ICF by the HCWs has been conducted by facility clinical mentors	CCC Doctor in-charge	Ongoing	CCC-WIT need to do periodic audits of files to ensure this is happening. DTLC to do periodic supervision on this.
	Routine HIV Testing for children		No documentation	Sensitize HCWs to request for this to be done	CCC Doctor in-charge	In plan	CCC-WIT need to do periodic audits of files to ensure this is happening
	Pediatric Facility Referral to Community Care		Incomplete documentation	CCC Nurse in-charge to work with link desk	CCC Nurse in-charge	Ongoing	CCC-WIT need to do periodic audits of files to ensure this is happening

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
	and Support services			persons to ensure complete documentation			
PMTCT	ART in PMTCT Sites		60% of patients have documented receipt of ARVS	JWP supporting 40-60 clients to get baselines each quarter	CCC Doctor in-charge/APHIAplus technical staff	Ongoing	Cost of baseline investigations a hindrance to starting ART. JWP support facilitating tests for some of those unable to afford them.
	Early Infant Diagnosis		70% had documentation of DNA PCR test by 8 weeks	Sensitize HCWs on ensuring that all eligible HEI get this test	CCC Doctor in-charge	In plan	CCC-WIT need to do periodic audits of files to ensure this is happening.
	Enrollment of HIV-infected Infants into ART Services		80% of infants enrolled in ART	Conduct mentorship on enrollment of HIV positive children using revised guidelines	Clinical mentors	Ongoing	CCC-WIT need to do monthly audits of files to ensure this is happening.
	Supply Chain Reliability (Adult ARVs)		There was a stock out of nevirapine	Working with the county and hospital pharmacists to ensure no ARV stock-outs	County and hospital pharmacist and project pharmacy TO	Ongoing	Continuous monitoring of drug situation is happening with re-distribution taking place as needed

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
Food and nutrition	Adult Care and Treatment - Nutrition		No documentation of nutritional categorization e.g., BMI	Sensitization of HCWs to ensure this gets done - CME on the same conducted by hospital nutritionist	CCC Doctor in-charge and hospital nutritionist	Ongoing	CCC-WIT need to do monthly audits of files to ensure this is happening.
	Pediatric Growth Monitoring		No documentation of nutritional categorization e.g., BMI	Sensitization of HCWs to ensure this gets done - CME on the same conducted by hospital nutritionist	CCC Doctor in-charge and hospital nutritionist	Ongoing	CCC-WIT need to do monthly audits of files to ensure this is happening.
HTC	Supply Chain Reliability (Rapid Test Kits)		Had stock outs of RTKs during transition to new algorithm	Working with the county and hospital pharmacists and NASCOP to ensure continuous supply of RTKs	County and hospital pharmacist and project pharmacy TO	Ongoing	Continuous monitoring of RTK situation in place with rapid feedback to NASCOP and KEMSA to prevent stock outs
TB/HIV	TB Screening for Adults and Adolescents		Not using ICF Card	Sensitization on the use of ICF by the HCWs has been conducted by facility clinical mentors	CCC Doctor in-charge	Ongoing	CCC-WIT need to do periodic audits of files to ensure this is happening. DTLC to do periodic supervision on this.

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
	Facility Linkage to Community Care and Support		Incomplete documentation for referrals	CCC Nurse in-charge to work with link desk persons to ensure complete documentation	CCC Nurse in-charge	Ongoing	CCC-WIT need to do periodic audits of files to ensure this is happening
Family Planning/HIV integration	Family Planning/HIV Integration Service Delivery		Was as a result of the stock outs of Jadelle, POP etc.	Working with the county and hospital pharmacists to ensure no FP commodity stock-outs	County and hospital pharmacist and project pharmacy TO	Ongoing	Continuous monitoring of the FP commodities situation with rapid feedback to DRH and KEMSA to prevent stock outs
Prevention/condom	Condom Access and Availability at Point of Service		Dispensers empty and few condoms in counseling area	Assign a responsible person for refilling the dispensers	CCC Nurse in-charge	Ongoing	
Site Management - Finance and Planning	HRH Staffing		(No comment)	-	-	-	-
Site Management - Performance Management	Staff Performance Assessment		In the process of finalizing JDs	-	-	-	-

Domain	Elements	SIMS Codes	Comments/gaps identified	Follow up action	Person responsible	Timelines	Comments
Site Management - Policy and Practice	Stigma and Discrimination		No written policy	Create a policy for use within the facility	CCC-WIT	Immediate	CCC-WIT to take lead in this - should source for template from sites that have implemented this
Site Management - Monitoring and Reporting	Patient /Beneficiary Records		Space inadequate	Proposal to source for a container for CCC data storage	Project COP and Medical Supt to work on modalities for sourcing funds for this	Ongoing	
	DQA		Lack of SOPs for DQA	Create SOPs for DQA	CCC-WIT/project M&E TO	Immediate	CCC-WIT is taking the lead in developing SOPs for future DQA
Challenges	No HTC in the under 5 clinic in MCH			A PITC counsellor deployed to support HTC there		Ongoing	